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KAREN HORNEY MEMORIAL ISSUE

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KAREN HORNEY MEMORIAL ISSUE



IN MEMORIAM KAREN HORNEY, M.D.

1885-1952

AREN HORNEY, Dean and one of the founders of the American Institute for Psychoanalysis, died in New York on December 4, 1952, at the age of sixty-seven. She was born in Hamburg, Germany, on September 16, 1885, the daughter of a Norwegian sea captain and a German mother. As a child she made sea voyages with her father. Her unflagging interest in life brought her in her sixty-seven years to many lands—Mexico, Central and South America, the countries of Europe, the islands of the Pacific and Japan.

In 1909 she married Oscar Horney, a Berlin lawyer, from whom she was divorced in 1937. Three daughters, Miss Brigitte Horney of New York, Dr. Marianne von Eckhardt of Bethesda, Maryland, and Mrs. Renate Crevenna of Mexico, survive her. She studied at the University of Berlin and received her medical degree in 1913. From 1914 to 1918 she studied psychiatry at Berlin-Lankwitz, Germany, and from 1918 to 1932 she taught at the Berlin Psychoanalytic Institute. She participated in many international congresses, among them the historic discussion of lay analysis, chaired by Sigmund Freud.

Dr. Horney came to the United States in 1932 at the invitation of Franz Alexander, and for two years was Associate Director of the Psychoanalytic Institute, Chicago. In 1934 she came to New York where she began the most creative and productive period of her life. She was a member of the teaching staff of the New York Psychoanalytic Institute until 1941, when she became one of the founders of the Association for the Advancement of Psychoanalysis and the American Institute for Psychoanalysis. She was

Dean of the latter until her death. In addition to her active program as teacher and therapist, she was Editor of the American Journal of Psychoanalysis; a Lecturer at the New School for Social Research, New York; a Fellow of the American Psychiatric Association and a frequent contributor to the scientific sessions of that Association, and Honorary President of the Karen Horney Foundation to sponsor low-cost psychoanalytic service to the community.

Dr. Horney's creative interest in her chosen field was evident, not only through her assumption of teaching responsibilities, but through her original and extensive contributions to the literature. In the period prior to her coming to the United States she published the following articles: "On the Genesis of the Castration Complex in Women" (1924), "The Flight from Woman-hood" (1926), "The Dread of Women" (1932), and "The Denial of the Vagina" (1933)-all in the International Journal of Psychoanalysis. In the Zeitschrift für Psychoanalytische Paedagogik, 1931, she published "Die praemenstruellen Verstimmungen." In this country her first article, still dealing with the emotional problems of women, was "Psychogenic Factors in Functional Female Disorders" in the American Journal of Obstetrics and Gynecology in 1933. "The Overvaluation of Love-A Study of a Common Present-Day Feminine Type" (1934) and "The Problem of the Negative Therapeutic Reaction" (1936) appeared in the Psychoanalytic Quarterly. She contributed "Conceptions and Misconceptions of the Analytic Method" to the Journal of Nervous and Mental Disease in 1935, and "The Problem of Female Masochism" to the Psychoanalytic Review in the same year. In addition, she published "Culture and Neurosis" in the American Sociological Review of 1936.

This is only a partial list of the work of Karen Horney until 1936. They show a keen clinical and theoretical interest and the epitome of scientific curiosity. Starting with the Freudian concepts through which she had been trained, she attempted to apply herself to the emotional problems of women. Her search was relentless and arose from the eager wish to help her patients. As was natural, her interest in these questions led her to an examination of the influence of culture and a reexamination of the orthodox theories.

In Dr. Horney's own words, which appear in the Introduction to New Ways in Psychoanalysis (W. W. Norton Co., New York, 1939), are one of the clues to the remarkable productivity of the last fifteen years of her life. "The greater freedom from dogmatic beliefs which I found in this country," she wrote, "alleviated the obligation of taking psychoanalytical theories for granted, and gave me the courage to proceed along lines which I considered right." This, coupled with the questing spirit which was Karen Horney's, was responsible for the publication of five books of her own authorship; one which she edited and contributed to, and numerous articles appearing in the American Journal of Psychoanalysis.

These books epitomize the healthy scientific advances which psychoanalysis has made in the past two decades. In her first book, The Neurotic Personality of Our Time (W. W. Norton, New York, 1937), she acknowledges her stand on the fundamental discovery of Freud-the recognition of unconscious forces. She believed, however, that "deference for Freud's gigantic achievements should show itself in building on the foundations that he has laid, and that in this way we can help to fulfill the possibilities which psychoanalysis has for the future, as a theory as well as a therapy." In this book she develops further the deeper understanding of cultural influences on the neurotic process which began with her earlier work on problems of female psychology. Out of these new emphases, Karen Horney proceeded to follow with strict scientific honesty their implications in her treatment of patients and her teaching. From this came her more systematic critique of Freudian theory in New Ways in Psychoanalysis (W. W. Norton Co., New York, 1939) and a further development of the affirmative theory which was begun in her first book. It must be emphasized that this was not the critique of a novice, but of a person who had practiced and taught for fifteen years on the basis of Freudian theory, and a person whose inquiring mind was coupled with a keen clinical sense and a deep desire to help her patients. She saw that the instinctivistic orientation was mechanistic and could not explain what was essentially a dynamic process-human life and neurosis. She recognized that while sexual difficulties were often obvious in the clinical picture they could not be considered the dynamic center of the neurosis, "Sexual difficulties are the effect rather than the cause of the neurotic character structure." In this book, Dr. Horney made a most significant criticism of the orthodox notion of the repetition compulsion, and in so doing indicated the direction her own theory and method was tending. And in this, one finds the roots of her realization that psychoanalysis must be seen in terms of the whole person, the analyst and the patient working together, rather than the analyst as a tabula rasa on which is writ the unconscious fantasies of the patient, repeated from unresolved infantile problems. She saw the current character structure as a consequence of development rather than of repetition, and this implied for therapy no need to "unearth" childhood experiences in detail. There was no question that experiences of childhood played a great part in the development of neurosis, but the therapeutic dynamic was seen to involve the current analytic situation, the patient's current character structure with its constructive and its obstructive forces. A truly new way was beginning to develop which placed the self -of the patient and the analyst-in the center of the therapeutic process, and in the center of the essential problem of neurosis.

Self-Analysis (W. W. Norton, New York, 1942) presented further delineation of the neurotic character trends and their dynamic interrelationship. Here, Dr. Horney demonstrates too her deep realization that psychoanalysis is a helping discipline, not merely a theoretical system, by exploring other possibilities for constructive help available to a person. In all humility she affirms her belief that psychoanalysis is only one way a person may use to help himself, and that life itself may provide therapeutic aids. In this book she endeavored to define for the searching person ways in which he may become better able to guide his own development.

Our Inner Conflicts (W. W. Norton, New York, 1945) finally brought together in a systematic form the directions which appeared in her earlier books. No more truthful evaluation of Karen Horney could be written than that implied in her preface to this book. "It has grown out of my experience in analytical work with my patients and myself." She saw that every neurosis, no matter what the symptomatic picture, was a character neurosis. This, she knew was not a discovery, but a rediscovery. She honestly saw that Freud's pioneering work increasingly converged on this concept, and that others too were moving in this same direction. Her original contribution to the understanding of the neurotic structure was the recognition of the crucial importance of contradictory neurotic trends and the attempts at solution of inner conflict.

The next step was taken in her last book, Neurosis and Human Growth, The Struggle toward Self-Realization, (W. W. Norton, New York, 1950). Here, her affirmative belief that man wants to grow and is a purposing organism that can realize himself reaches its fullest expression. She explored the essential meaning of neurosis as a development which takes a man away from himself, which alienates him from his being and from others, which substitutes the quest for glory and the actualizing of an idealized version of himself for his Self. But this was no mere speculative presentation. Like Karen Horney herself, it presented in early detail the constructive forces and the bright possibilities of the Self, and the neurotic obstructive forces which man cre-

ates for his own undoing.

But this survey of the published works of Karen Horney, a monument to herself and psychoanalysis though it may be, hardly does justice to the person. Her interests were broad and deep, coming as they did from her own depths. She grew as the oak from the acorn, an acorn not always on friendly soil. But she had her own inner compass which, reflection shows, kept her on a steady course. Her work and growth came through struggle. Hence, she could find in suffering and even in destructiveness the possibility for creation. She knew from her own heart and from her work with patients humility, compassion, love, the possibility for creativity in each person and in human relations. Her teaching, like herself, made no pretension to final answers. This is nowhere better expressed than in the paragraph introducing the course, "Psychoanalytic Technique," she gave at the American Institute for Psychoanalysis until shortly before her death. "These lectures do not intend to teach psychoanalytic technique, but rather to present and discuss viewpoints which may help those who so desire to develop their own ways of conducting an analysis."

Karen Horney loved life because she did not merely exist. A joy in living was one with her more serious questing and scientific spirit. Her searching took her on an extensive and intensive journey: Freud, Kierkegaard, John MacMurray, Balzac, Stendhal, William James, Suzuki, Lincoln, Sandburg, and her many professional co-workers were some of her companions. Many countries of the world and New York's own Central Park offered her their treasures. A native of another land, she came to be all that America means-democracy, hope, optimism, life affirming. This was her purpose, this was her life, and this is the meaning of her contribution to psychoanalysis.

-NORMAN KELMAN, M.D.

TRIBUTES

PAUL LUSSHEIMER, M. D., President, Association for the Advancement of Psychoanalysis:

When I took office as president of the Association for the Advancement of Psychoanalysis last Spring and we made the program for the coming season, I was looking forward especially to the April meeting when I would have the privilege of introducing Dr. Horney as the speaker of the evening.

April has come, but Dr. Horney is no longer with us. We devote this meeting to her memory, to express our gratitude for the inspiration she gave us and which enables

us to carry on her work.

It is a rich heritage she left us. Not only in her teaching but also through the impact of her personality she gave us a reservoir of great values from which we are

able to draw continuously.

When Dr. Horney started to present her new ideas some fifteen years ago, she felt that she was fulfilling a mission in preventing psychoanalytic theory from becoming static. She was not discouraged by the opposition of the vast majority of her colleagues in psychoanalysis and found strength in her belief in the truth of her concept. She was a good fighter: fair, courageous, untiring. But in addition to that she had humility, that great quality which is indispensable for a really great teacher and leader.

Her teaching, together with her great human qualities, found the response of congenial colleagues who became instrumental in the dissemination of her teachings. Among those who joined at that time was Dr. Muriel Ivimey, a true helper and a devoted interpreter of Dr. Horney's ideas. Dr. Ivimey followed her friend and teacher in death by only a few weeks, and it is fit-

ting that we include her, our good friend and colleague, in this memorial.

It was Dr. Horney's inspiration which made possible the growth of an organization that in its various branches has gained widespread acceptance. Today we have the Association for the Advancement of Psychoanalysis which propagates Dr. Horney's theories and develops them through continued research.

We have the American Institute for Psychoanalysis whose task is to train psychiatrists in the special field of psychoanalysis. The high scholastic standards of this institute have earned it a well-deserved reputation as a training center. The candidates of this school have been carefully selected from a large number of applicants and represent an elite of the younger generation of physicians.

The candidates themselves are joined in a well-integrated organization—the Candidates Association of the American Institute for Psychoanalysis—which in its own way contributes considerably to the activities of the other groups by constructively supporting the faculty in research and teaching.

We have also the Auxiliary Council, a lay group whose task is to disseminate mental health information to the community by sponsoring lectures, seminars and other activities.

Finally, among the branches of our organizations, we have the Karen Horney Foundation, which is very active in developing a low-cost psychoanalytic clinic which will serve the community in its dire need for such institutions.

All this we owe to Dr. Horney, to her great leadership and inspiration. We gratefully remember her active participation in all the branches of our organization. Her untimely death interrupted her work when

much was still to be done. She left us a solid foundation, but we shall have to work hard to continue to build upon it in the spirit of its creator.

We will remember Karen Horney as open-minded, courageous, optimistic and constructive, and we shall try to live up to these qualities by using the tools she gave us in her teaching. The clarity of her presentation, the incorruptible logic of her thinking, the humanness of her feelings and her abhorrence of hyper-intellectualism, of pompousness and of false sentimentality shall be our guides in our future work.

It will be our task now to carry on her work in her own spirit and to honor her memory by our untiring efforts.

HAROLD KELMAN, M. D., President, American Institute for Psychoanalysis: The title of Dr. Horney's last book was Neurosis and Human Growth; its subtitle, The Struggle toward Self-Realization. The history of the American Institute for Psychoanalysis is a history of that organization's struggle toward self-realization. In that struggle we have learned much about neurosis and human growth in ourselves and in the world around us.

Under what circumstances did this struggle begin? We could say, literally and figuratively, that the American Institute for Psychoanalysis was born in 1941—born of "the neurotic personality of our time" and of "new ways in psychoanalysis." Self-analysis had been going on from the beginning, and Self-Analysis, Dr. Horney's third book, appeared in 1942. Such self-analysis as took place led in 1943 and 1944 to the departure from this parent body of two different groups of members and students to form their own organizations.

These quick, successive depletions of our ranks, in addition to further losses to the armed forces, placed great burdens—spiritually and physically—on those who remained. In this period of our struggle we learned more about "our inner conflicts" and were that much better prepared for the next great task: the flood of psychiatrists returning from the armed forces desiring

what we had to offer in psychoanalytic training. This phase brought with it a considerable expansion of the Institute, asking of us an even greater expenditure of energy and time, which we gave with a willing spirit.

In 1951, on the occasion of our tenth anniversary, we had the privilege and pleasure of looking on the results of the combined efforts to which Dr. Horney had so significantly contributed. In her address, commemorating this event, she said in the spirit of humanism and realism which so characterized her, and in her own lucid style, "Naturally, with different personalities working closely together, frictions were unavoidable. Here, too, we had to learn from experience. We learned and are still learning that in human relations which are focused on work to be done, personal factors such as righteousness, ambitions, vulnerabilities, and resentments have to recede before the task at hand. At the same time, we could have the confidence that each one of us was working at himself and his personal difficulties. And in this most inconspicuous work, a work done by the individual for himself and his self-realization, lies the greatest assurance for the further growth of the group."

It is always too soon for a great one and for a wiser and an older head to leave us. But in having worked with her through so many crucial periods in the history of the Institute, we are far from being novices in the struggle toward self-realization. Nor are we naive about the extent of neurosis in all of us, nor do we underestimate our already verified capacity for human growing.

The American Institute for Psychoanalysis offers as a tribute and a promise to Dr. Horney our commitment to the struggle ahead of us and to the affirmation of her basic faith and conviction that human beings can change and grow as long as they are alive. We are dedicated to the advancement of psychoanalysis, to the formulation of better theory, and to the continuing improvement of the training of more psychoanalysts. We shall also endeavor to disseminate our ideas in the service of the preven-

tion of mental illness and the encouragement of creative living. All this we dedicate as a living memorial to Dr. Horney—our teacher, our colleague and our friend.

ELIZABETH KILPATRICK, M. D., Dean, American Institute for Psychoanalysis: Dr. Horney loved life. She felt deeply for human beings and was intensely interested in everything which concerned them. She had faith in their constructiveness. Her whole professional life was devoted to the understanding of factors which interfered with people realizing their innate potentialities. To this project she brought great natural ability, vitality, courage and tenacity of purpose. A creative individual, keenly intuitive, Dr. Horney had disciplined herself to the point where she could, spontaneously and wholeheartedly, concentrate on any task she undertook.

Recently I had the opportunity of looking over some of Dr. Horney's work sheets. These indicated her road to productivity. They showed the Dr. Horney whom we, who worked closely with her, deeply respected, and whose memory will be an inspiration to us all. This was the Dr. Horney who was largely responsible for the solid foundation on which our psychoanalytic training is based. Her work sheets show ideas being developed, then discarded, picked up again, then moving in new directions-a process repeated over and over again, with gradually increasing clarity. Here could be seen the evidences of solid research, creativity, frustration, struggle, and finally clear new concepts emerging. These were again tested and modified before being expressed publicly in Dr. Horney's simple, concise style. Here was a human being affirming herself, at work, struggling toward making the products of her own creativity available for helping others. This was a pleasurable task for Dr. Horney. She exemplified her belief that man can change and go on changing as long as he lives. She searched within herself, and encouraged her colleagues to search within themselves for better understanding of the blockages which interfere with the natural process of healthy growth.

To Dr. Horney no theory was complete. There was always time for discussion. She was accepting of new ideas but demanded the same honest searching for truth from her colleagues and students as from herself. She scorned the optimism arising from envisioning easy ways and short cuts.

Dr. Horney's ability to sense what was constructive in a colleague's contribution, and to help him develop it, was effective in supporting her thesis that the value of any group depends on the growth and integrity of each individual in it. Her adherence to academic freedom is illustrated by the descriptive paragraph to a course she was giving at the time of her death: "These lectures do not intend to teach psychoanalytic technique but rather to present and discuss viewpoints which may help those who so desire to develop their own ways of conducting analysis."

Dr. Horney was fortunate in having as associate dean for ten years, Dr. Muriel Ivimey who died on February 26. Dr. Ivimey combined in an unique fashion a great capacity for rational thought and a keen, sensitive power of observation. She had a capacity for intense concentration and effort. She found values in the minutest details. She examined all ideas presented to her and fostered their development. These qualities, combined with her sense of justice, her unfaltering loyalty, her profound respect for human conflicts, and her awareness of what human beings are capable of in their stage of development, made Dr. Ivimey an esteemed co-worker.

Our losses have been great, but our heritage is rich. As Dr. Horney showed deference for Freud's achievements, by building on the foundations he laid down, so shall we honor Dr. Horney by developing her theory and technique beyond the point at which she was forced to leave it.

HARRY GERSHMAN, M. D., President, Candidates Association, American Institute for Psychoanalysis: We are gathered here to pay tribute to the memory of Dr. Karen Horney and her associate, my very good friend Dr. Muriel Ivimey. Both have left us all too soon.

Dr. Horney was a woman of indomitable courage who could refute the scientific dogmas of her time and point out the serious defects in the basic premises upon which psychoanalysis rested. History will, I am certain, accord to her her rightful place as a leader of the vanguard of modern humanistic psychoanalysis.

I am here, however, to talk about Dr. Horney, the teacher, and the friend we all knew and loved so much. I hope you will forgive me if I dwell for a moment on some personal experiences I shared with her. Such experiences are typical of the relationships she had with all of us.

I am thinking of the many happy hours I spent with her in supervisory work. It was my custom to see her on Wednesdays at 7:30 a. m. Often, particularly on wintry days, I would come into her office rather sleepy, chilled, and vaguely discontented. But no sooner had I stepped into her presence than my whole demeanor changed. Her home was deliciously warm and com-

fortable. Her cheery "Hello" almost magically lifted my spirits. Her intuitive flare for asking the right questions-a question about my children or my wife, or sometimes a reference to her own grandchildrenserved immediately to put me at ease. Then a warm cup of coffee, and Butchy, her dog, lying at her feet, snoring happily away, completed the picture of a real person, a great

She was a great person. Yet her greatness did not make you feel small. Indeed, you left feeling a little bigger for having known her. So entrenched was her deep conviction

lady, and a penetrating personality.

of the essential constructiveness in man that she was able, however subtly, to bring it out in each and every one of us.

It was out of this matrix that her constructive theory of neurosis was born-a theory that not only places great credence on the interpersonal aspects of life, but also sheds a great deal of light on the intrapsychic life of the individual.

We miss her. Yes, we miss her very much. We miss her at our monthly Sunday meetings, at our Academy meetings, and at our classes. We miss particularly her great talent to penetrate through a maze of complexities and get to the root of a problem.

Although we are sad that she is no longer here to give us comfort, guidance, and leadership, we are eternally grateful for having had the privilege of working with her through her most creative years.

Spiritually she will always be with us. Her thoughts, her approach to problems, her philosophy, have become an inextricable part of us. She continues to live in us as we work with our patients, and as we face our own conflicts.

Dr. Horney has passed on to us a fund of understanding of human nature that, in my opinion, far surpasses anything yet evolved. In deep humility, she frequently counseled us to take this body of knowledge, assimilate it, and bring forth further advancements enriched through our own experiences.

Our greatest tribute to her can only be expressed through the perpetuation and expansion of this work she so brilliantly began. She would have it no other way.

MEMORIAL MEETING FOR KAREN HORNEY

INTRODUCTORY REMARKS EMIL A. GUTHEIL

On January 30, 1953, at the New York Academy of Medicine, the Association for the Advancement of Psychotherapy held a Memorial Meeting for Karen Horney at which Dr. Paul Lussheimer was the speaker. Dr. Emil A. Gutheil, President of the Association for the Advancement of Psychotherapy, made the following introductory remarks.

The scientific spirit has always been a spirit of adventure and innovation, and progress has been stimulated by some forms of disillusionment over existing conditions.

No one approach in psychiatric thinking is in a position to claim that it knows all the answers. The expansion in the field of psychiatric theory and practice must be multidimensional. The existence of many schools of thought is not only acceptable. but desirable. Each of the many trends may -and should-continue and expand as far as it can go with its own contributions, while appraising critically and assimilating validated contributions of others. Most of the modern schools of psychiatric thought have achieved their success by illuminating some aspects of psychiatry; and they may reasonably hope to make additional contributions as time goes on. To claim that any one of the existing schools can do this job alone, and will in future continue to do so, must ultimately lead to disappointment.

In psychotherapy, the need for reforms is great. This need is conditioned not only by economic and social factors, but also, to a large extent, by clinical development.

The standard type of psychoanalysis, with all its stringent adherence to theory and all its ritualism, shows marked deficiencies at the (so important) therapeutic end; deficiencies which have caused a number of dissentions and deviations from the original method.

In 1939, Karen Horney voiced her concern about the situation this way: "My desire to make a critical reevaluation of psychoanalytic theories had its origin in a dissatisfaction with therapeutic results. I have found that almost every patient offered problems for which our accepted psychoanalytic knowledge offered no means of solution, and which, therefore, remained unsolved."

In 1946, Franz Alexander observed: "Like most psychoanalysts we have been puzzled by the unpredictability of therapeutic results, by the baffling discrepancy between the length and intensity of a treatment and the degree of therapeutic success. . . . That there is no simple correlation between therapeutic results and the length and intensity of treatment has been recognized, tacitly and explicitly, by most experienced

psychoanalysts, and is an old source of dissatisfaction among them."

And in 1948 Sandor Rado said: "The somewhat capricious therapeutic results of psychoanalysis have forced us to revise our views on the pathology of neuroses."

Leo Stone, a member in good standing of the official group, wrote the following: "Freud always regarded the transference neuroses as the chief, if not exclusive, indication for psychoanalysis and were this indication adhered to, the therapeutic results of psychoanalysis might remain ground for enthusiasm. Driven by the stimulation of therapeutic success and the possession of the first rational and effective psychotherapeutic instrument, analysts have carried their work into the fields of severe character disorders, addictions, borderline conditions, even psychoses and frank somatic disorders. In many instances, explicit modifications in techniques have been proposed. Further advances or modifications of psychoanalysis may make certain of these extensions more secure; however, it is possible that the tide of therapeutic optimism will recede in certain areas, leaving large groups of illnesses to be better treated by techniques of 'brief psychotherapy,' 'psychoanalytic psychiatry,' or 'modified psychoanalysis' yet to be established."

The author belongs to those representatives of the standard school who do not recognize the existence of modifications when they are offered by non-orthodox workers. He expects reforms to come from the school itself, i.e., from the ranks of those who are notoriously averse to reform. He is ready to abide by the judgment of a tribunal which itself is on trial.

It is, therefore, understandable that all progress must—and does—come from the outside, and if it comes from those *inside*, they suddenly find themselves *outside*.

The method of Karen Horney, a distinguished pioneer of psychoanalysis, is the expression of one of the progressive developments of psychoanalysis. Whatever its lasting value for psychiatry in general and for the patient in particular, the future will reveal it. Its mission and its goals have

been clearly laid down in her writings.

Many of her followers are active members of our Association. On the floor of this Association, side by side with the representatives of other schools of psychotherapy, they have shared with us their characteristic views and thus contributed to a better mutual understanding and mutual respect among the workers in psychotherapy. The peace we are maintaining among us is a peace without victory, and the loss of a leader of one group is a loss to all of us.

OBITUARY

The following tribute to Dr. Horney was written by the late Dr. C. P. Oberndorf for the International Journal of Psycho-Analysis (Vol. 34, 1953, Part II) and is reprinted with the Journal's permission.

With the death in New York City of Karen Horney on December 4, 1952, there passed from the psychoanalytic scene a distinguished, vigorous and independent figure. Her professional career was about equally divided between Germany and America, to which she came in 1932 as associate director of the newly established Chicago Psychoanalytic Institute headed by Franz Alexander, the second of its kind in America. Because of differences in opinion which arose there she settled in New York in 1934 to engage in private practice and teaching at the New York Psychoanalytic Institute. Later, she gave courses at the New School for Social Research.

In New York, again, her ideas were not in agreement with those of the majority of the teaching staff of the Psychoanalytic Institute. She withdrew to found a new group called the Association for the Advancement of Psychoanalysis, which, in turn, sponsored the American Institute for Psychoanalysis. This organization was chartered by the State of New York as a training institute for psychiatrists. Dr. Horney acted as dean of this school from the time of its organization in 1941 until her death.

Karen Horney was born in Hamburg, Germany, on September 16, 1885, and received her degree of Doctor of Medicine from the University of Berlin in 1911. She then began psychiatric and psychoanalytic training which lasted from 1914 to 1918 and included personal analysis with Karl Abraham and Hanns Sachs. From 1920 to 1932, she served as instructor at the Psycho-Analytic Institute in Berlin, where she soon attained prominence because of her quick intelligence and valuable papers on psychoanalysis—most of which were published in the Internationale Zeitschrift für Psychoanalyse. Among these may be mentioned "The Genesis of the Female Castration Complex," and "Flight from Womanhood."

Upon arrival in America, Horney's psychoanalytic interpretation shifted to the emphasis on cultural factors as the causation of neuroses. Because of her conclusion that "neuroses are generated by disturbances in the inter-human relationships," she was moved to write several books with popular appeal, such as The Neurotic Personality of Our Time (1937), and Neurosis and Human Growth (1950). However, in her last book she appeared to return to her earlier thinking, defining a neurosis as "a disturbance in one's relation to self and others." Notwithstanding her defection from the American Psychoanalytic Association, there seems little doubt that Horney retained a strong devotion to Freud's procedure of a thorough-going investigation of psychic conflict and did not sacrifice conscientious work with patients to rapid or superficial methods.

Time will eventually decide the value of Horney's ideology in psychoanalytic therapeusis. But her responsive and warm personality will remain affectionately in the memories of many of her earlier colleagues, as well as her later students and followers.



Dr. Muriel Ivimey, Associate Dean of the American Institute for Psychoanalysis, died in New York on February 26, 1953, at the age of 64. She is survived by two sisters and a brother. She was born in London, England, and came with her family to the United States at the age of three.

She received her M.D. from Johns Hopkins University in 1922. This was followed by extensive experience in clinical neurology and psychiatry, and in social agencies. She took her psychoanalytic training at the New York Psychoanalytic Institute.

In 1941, Dr. Ivimey joined the late Dr. Karen Horney and other colleagues as one of the founders of the Association for the Advancement of Psychoanalysis and the American Institute for Psychoanalysis. She held many important offices in both organizations. She was Associate Dean from 1941 until her death, a President of the Association, and a member of the Editorial Board of the American Journal of Psychoanalysis. She was also a training and super-

IN MEMORIAM

MURIEL IVIMEY, M. D.

1888-1953

visory analyst, a Faculty Council member and active in the teaching program.

She contributed regularly to the scientific sessions of the Association and wrote many papers notable for their thoughtful, scholarly content and lucid style. Her particular interest lay in the direction of clarification of modern psychoanalytic theory and reevaluation of crucial problems in therapy.

Both organizations will greatly miss her invaluable contributions as administrator, policy-maker and leavener of knotty situations with her fine sense of humor. She had a grand capacity to get to the heart of the matter and present it in a forthright, simple, and brisk, down-to-earth manner. Combined with this was real feeling for other people, tact, and sensitive perception.

Dr. Ivimey was an indefatigable worker, who never spared herself, and gave generously of time, energy, thought, effort, and human support. She had infinite patience and respect for human beings, as well as an undimmed faith in their constructiveness and potential for health. All these qualities made her an effective therapist, a solid friend and a person of fine integrity. She was extremely self-contained and even reserved in regard to personal matters, as a rule. At times, when she did reveal herself, one could quickly gather how sensitive she was to the artistic and the beautiful in literature, music, and nature. This aspect of her nature considerably influenced her colleagues and students and permeated the spirit of her contributions to their lives, and to the advancement of psychoanalysis. She has left a life-long imprint on all of us and will be remembered with deep appreciation and regard for her flexibility, firmness, sincerity and humanness.

-BELLA S. VAN BARK, M.D.

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A PIONEER IN THE SCIENCE OF HUMAN RELATIONS

D. EWEN CAMERON

K AREN HORNEY was one of the children of her times. She walked among us distinguished by her originality of mind and by her leadership. Her life fell within a period of unusual turbulence and ferment in the world of thought. The long upward climb of humanism, which had started as far back as the time of the Renaissance and which was gathering strength to become one of the most important forces of our times, was met and vastly stimulated by another current having its origins very early in the modern period and already, as Karen Horney's life began, starting to impinge upon human affairs with gathering power. This was the scientific method-first applied only to material things and, at that, things remote from human life, such as astronomy and mathematics. Its increasing successes led us, somewhat timorously, to apply it to the affairs of everyday living and ultimately to man himself, beginning cautiously with biochemistry and physiology. But eventually, toward the latter part of the Nineteenth Century, it began to influence those thinking about the problems of human nature.

It is extraordinary to contemplate that it was only during the latter part of the Nineteenth Century that the great fact-finding sciences of human behavior—psychology, sociology and anthropology—began to be established. And so great was the change wrought in the whole field of psychiatry at that time that to many of those engaged in

the field it has seemed as though psychiatry was a young science instead of one which dates back many centuries.

The intermingling of these powerful forces of humanism and of science applied to human behavior was rendered the more meaningful and vital by reason of the fact that the enormous progress of the industrial revolution was freeing more and more men and women from the immediate labor and preoccupation of winning their daily bread, freeing us in progressively greater numbers to think and to consider and to ponder upon our own nature.

This exploration of man's nature has gained power and impetus by the nature of our times, and an increasingly large number of able men and women, gravely concerned with the failures of our systems of social control to maintain an equable and strife-free world society, began to press forward studies of the nature of man. It was in this world of urgency and inquiry, this world of the exciting and sometimes almost explosive interlocking of great systems of thought, that Karen Horney came to work.

We must be forever indebted to her for her responsiveness to the world scene and for the extent to which her thinking about the problems of our field is set up with clear appreciation of the fact that we are essentially dynamic and reactive individuals, responding, and occasionally breaking down, in terms of the world in which we live.¹

Dr. Cameron, M. D., Director, Allan Memorial Institute of Psychiatry. This paper was read before the Association for the Advancement of Psychoanalysis as the First Annual Karen Horney Lecture at the New York Academy of Medicine, April 22, 1953.

At first, profoundly influenced by the new ideas being worked out by Sigmund Freud, Dr. Horney's career was absorbed in these early concepts. Later, however, she became progressively aware of the importance of on-going events as factors causative of breakdown. This change in her thinking, which had long been germinating in her mind, was brought into particular clarity for her by her arrival in the United States in 1932-this allowing her to note the differences in the structure and manifestation of the neuroses in this country from those which she had observed in European countries. She also recorded the various differences in attitude toward life problems, and derived from this the fact that only differences in civilization could account for the variations in the neuroses.

As a further point of departure one may note her deep humanism and her optimism, as contrasted with Freud's pessimism and his tendency to express human behavior in terms of a philosophy of science developed by the basic disciplines. While to Freud man seemed postulated to suffer or to destroy, Karen Horney believed in a limitless ability for man to develop his potentialities throughout his life.

CHALLENGE OF THE TIMES

These times offer a particular challenge to the inquiring and independent mind, a challenge which is essentially centered upon the problem of human nature itself. We have been a long time applying the scientific method to the study of human behavior, and a still longer time in coming to grips with some of the central and primary problems, particularly the matter of values. From this area—so explosive, so difficult, so deeply buried in the very heart of our societies, and therefore so profoundly imbedded in our own personality structure—Karen Horney did not shrink.

If Freud, who so greatly molded Karen Horney's earlier thinking, may be seen as having been much influenced by the premises of the basic sciences as applied to medicine (for instance, his insistence upon determinism as the primary type of causality; his anticipations that ultimately one would find a biological and, perhaps primarily, an endocrinological explanation for many of our problems; his insistence upon deviant behavior as the frequent outcome of a genetic unfolding of some primary or very early acquired damage) we must see Karen Horney, in contrast, as responding to her times in terms of another great trend in thinking about human behavior-the significance of on-going interpersonal relations. This premise, which is assuming dominance at the present time, is expressed in the vast range of manifestations of scientific humanism, in personnel work, in group dynamics, and increasingly in the trend toward what is termed "comprehensive medicine," which is the moving force in the great revisory experiments now going on with reference to the undergraduate curriculum in medicine.

In this lecture I should like to concern myself primarily with the matter of the influence exerted by basic premises upon scientific thinking. And I should like to take as the point of departure for these considerations the interesting and fruitful shift in basic premises which we can see in the work of the distinguished scientist whom we are memorializing.

As we have brought out earlier, there took place—presumably in mid-career—a progressive shift in Karen Horney's thinking, from an instinctual, genetic orientation toward neurotic illness to one which regarded the causes of such phenomena as arising primarily from relationships, and from on-going relationships at that.²

As one studies the series of contributions which she made from the 1930's onward, one is left with the conviction that she was in the process of a further active shift in her thinking; she was still reorganizing and evolving her thinking in response to new premises.

It has been said that progress in human affairs is not made by the mere accumulation of more facts, but by the production of fruitful hypotheses.³ In recognition of the fact that it is customary for us to think about a given matter in depth—to think not only of its visible manifestations but

also about its roots and its ramifications— I should like to substitute the term "basic premise" for "hypothesis."

DEFINITION OF BASIC PREMISE

I define a basic premise as a constellation of action tendencies, usually having considerable inner consistency and endowed with a degree of intensification which results in the premise inhibiting all contradictory activity. I have used the term "action tendency" to designate both explicit and implicit behavioral patterns, to designate both thinking about doing something and actually carrying out motor activity with respect to something. I also view the action tendency as being either conscious or unconscious. Hence, when one talks about the premises of fundamentalism as a way of life, or of the heroic-romantic subcultural pattern of living, or when one talks about the premises of the basic sciences, one is talking about a very considerable constellation of behavioral patterns which reveals itself both in implicit and explicit behavior and in unconscious and conscious activity.

Having defined what is meant by the term "basic premise," let me now go on to explore its operation, to show how it may affect our thinking, how it determines what we are able to identify from among the things which pass before us, how it rules the kind of questions which we ask, and how it molds the methods we use to answer those questions. And, in doing so, I mean to use the premise that on-going human relations are a major factor in neurotic breakdown.

From time to time during the course of this discussion I hope to refer to, and illustrate, the extent to which these basic premises tend to inhibit alternative and, particularly, contradictory patterns of behavior. From our work, we are already aware how difficult it is for the fundamentalist, with his emphasis upon will power, upon absolutism of value and, indeed, upon the unchangeability of human nature, to accept the alternative but contradictory conceptions of the modifiability of human behav-

ior, of the infinite variety of alternative ways of doing things, as long reported by the anthropologist.⁴

Perhaps we are less clear about the limiting effects of the basic disciplines' philosophy of science upon progress in the field of the sciences of man. In Karen Horney's work one can see this admirably demonstrated. In accepting the relatively unlimited modifiability of human behavior in response to on-going experience, in her acceptance of the importance of interpersonal relations as producing changes in personality function, she came to develop a whole series of related concepts which stood in widening contrast with those held by her earlier teacher, Sigmund Freud. In her own teachings she began to stress that the developing personality should not be seen merely as the unfolding of the alreadygiven, but that new and unique constructs could be discerned. It is not altogether clear to me whether she recognized directly that the conception of causality which had been borrowed from Nineteenth Century science -namely, that of determinism-could not be maintained, and that different conceptions of causality would have to be elaborated to serve as explanations of the different ways in which event might be related to event under certain circumstances. It is clear, however, that she departed from the earlier conception voiced by Freud that the therapist should listen to the patient's associations with an "evenly hovering attention," avoiding deliberate attentiveness to certain details and avoiding conscious exertion.

In her New Ways in Psychoanalysis, she says specifically, "My view, on the other hand, is that the analyst should deliberately conduct the analysis." And later: "The analyst should exercise influence, not only in the direction of the patient's associations but also on those psychic forces which may help him eventually to overcome his neurosis."

I should like to suggest that, perhaps all unnoticed, these new premises which came to govern so much of Karen Horney's thinking have taken us considerably further than has hitherto been expressly stated. The premises drawn from the basic disciplines' philosophy of science and from Freud's conception of the instinctual nature of much of behavior have insensibly given place, progressively, to premises supporting the dominant importance of relationship as governing behavior.

These new conceptions have gathered force from many different sources: from the work of Adolf Meyer,5 who continually stressed the importance of the conception of the organism as being incomplete. as requiring relationship with other organisms in order to achieve full expression of many of its functions, including its sexual functions and its functions of communication: from the work of the anthropologists. who have shown repeatedly the enormous significance of child-parental relations in determining personality structure, and have revealed from material drawn from a great range of cultures what extraordinary diversities of subsequent personality structure may be produced by exposing the infant and child to a given set of interpersonal relations. Subsidiary support has also been derived from the study of group dynamics and from studies-both longitudinal and retrospective-of the development of the child.

EFFECT OF PREMISES

These new premises concerning the importance of relationship in determining, to a major though not exclusive extent, the personality structure and behavioral patterns of the individual are beginning to exert a profound effect upon our techniques of general psychotherapy. Karen Horney has already indicated that the role of the therapist should be more active than that originally countenanced by Sigmund Freud. But many workers are now going far beyond this point, and it would seem probable that the future will see still greater changes in our conception of what occurs in the patient-therapist relationship. References are now being made to the growing importance of the therapist in identifying what is going on; and the phrase of the "resolving power" of the therapist has been coined.⁶ By this is meant the capacity of the therapist to respond to what the patient is saying and doing in terms of a series of problem-solving behaviors, which are in turn transmitted to the patient as he is ready to receive them and use them. I stress the latter phrase since, quite clearly, patterns of behavior transmitted to the patient before he is able to use them must by definition be useless.

In further pursuit of the ramifications of this premise concerning the importance of interpersonal relations in determining behavior, we begin to approach the fringes of its influence-the borderland between this premise and other great operational hypotheses of our society. For instance, it is not altogether clear whether it is this premise concerning the importance of interpersonal relations which is altering so much of our conceptions of science, or whether these have evolved in response to the need to work with ever more variable phenomena as science has been progressively applied to the understanding of sugar in the blood, of skin responses, of sexual guilt, and of social institutions. Whichever has taken the lead, it is nonetheless now certain that the emergence of our modern premises concerning interrelationships has required the abandonment of the old fundamentalist laws-ofnature idea. Men no longer set out to discover rules and regulations set up by nature and hitherto obscured by our own stupidity and dark ignorance. Rather, if we see ourselves setting out to find ways of controlling phenomena, I think those ways will depend upon our own perceptual and conceptual capacities.

As a very natural consequence of this we have abandoned the old idea of absolute truth and see, indeed, that what we call scientific truths are actually operational designs, the form of design depending, as indicated above, upon our own inherent and—perhaps more important—our acquired ways of thinking; and the validity of these designs being based solely on their effectiveness. We see, too, that the kind of facts which we discover are, for the most part, determined by the kind of questions we ask. Very little is known, as yet, about this miss-

ing half of science. Science, as you can see, is an asymmetrical body, exceedingly well developed with respect to procedures for the answering of questions, but with practically nothing to say about the most important thing of all-how we go about asking questions.

It does not seem unreasonable, however, to say that the kind of questions which we tend to ask are determined by our needs. And here we are confronted with the tempting hypothesis that one of the reasons for the emergence of the basic premise of the great importance of interpersonal relations in understanding human behavior is because of the needs of the times.

THREE SOCIAL SOLVENTS

Into our rural, largely hierarchical, societies of hardly three generations ago were poured three great social solvents. Not unreasonably, they may be described as mordants in many of their actions-excoriating and destroying, as well as building. These amazingly powerful forces are: industrialization, instant and universal communication, and general literacy. All three have had an extraordinary effect upon our social structure. And in almost all their actions they have served to lay bare the basic importance of human relationships. Masses of people uprooted from rural communities, transported into largely unstructured industrialized areas, have come to know this poignantly enough. Communication and transportation have shown us the myriad adaptations possible in some of those things which we have thought basic and absolute, such as our way of bringing up children, our way of living with women, our way of sharing goods. Hence, it is far from astonishing that this should have been a period during which keen attention came to be directed to problems in interpersonal relations.

In conformity with this basic hypothesis, then, we must see those people whom earlier times had conceived as primary originators of new ideas, as discoverers of fundamental facts, being more properly conceived of as individuals who are specially

responsive to their times. Karen Horney, in her many works, has shown herself to be such. It would be doing her far less than justice to see her as having acted as a catalyst for the thinking of her times. I should rather coin a term and say that she was a crystallizer. Her sensitive and perceptive mind had remarkable capacities to free itself from the conceptions of an earlier period-a capacity which we know, to our sorrow, is by no means widespread. Her mind was able to respond to the emergent thinking of her times in the sense of giving form to the trends and forces which beat upon her. She was able to crystallize out, from the still amorphous movement of her period, those conceptions which have become rallying points, platforms and points of departure for others who did not have her special gift. And she did so with a clarity which, in itself, gives her clear title to the term crystallizer.

This at once brings us to the exceedingly important question of how basic premises are set up. To this we can only give partial answers. To say that they are culturally determined is not particularly exciting, since it immediately must bring us to the more pointed query: "How does a given premise become established in our culture in the first place? What determines how long it shall persist?" For instance, we have a record of the dichotomy as going back at least

to the time of Aristotle.

We may perhaps get some leads as to how this happens by asking another question: "How do basic premises become modified?"

Somewhat earlier, in discussing the emergence of the premises concerning the influence exerted by relationships upon behavior, it was indicated that evolving needs of a society may determine shifts in basic premises. At the same time, we have to recognize that a given premise may be so highly sanctioned by a society—and, hence, so deeply and powerfully indoctrinated, so buttressed by taboos and other defensesthat it may be impossible to modify it at all freely. Hence the basic premise may persist long after the changing nature of the times has demanded its modification. In this lag in the shift in premises can be seen one of the most fruitful grounds of neurotic breakdown. We have only to point, for instance, to the considerable lag in our basic premises concerning the sexual life of the individual and, indeed, concerning the nature of his aggressive instincts.

In presenting this first general aspect of the basic premise, I have attempted to show (using as an illustration those premises concerning the significance of human relationships upon the genesis of behavior which have so profoundly influenced Karen Horney's earlier work) how such a premise can and does affect our thinking with respect to etiology, to practice and the direction of our research.

CONFLICT OF PREMISE AND REALITY

I should like now to pass on to another aspect: the role which a basic premise plays in producing behavioral breakdown as a result of conflict between itself and the reality situation, or between itself and other co-existing premises. Karen Horney's recognition of this is clear in two most illuminating books, The Neurotic Personality of our Time⁷ and Our Inner Conflicts.8 And, indeed, she lays great stress upon the importance of the consistency of the personality.

There is now wide recognition of the fact that many of our behavioral difficulties, much social insecurity, and any number of anxieties, hostilities, and crippling guilt feelings, arise because our premises concerning living are at odds not only with reality but often with themselves. Sometimes that recognition is quite explicit, as it was in the 1951 panel discussion, organized by Karen Horney and held at the American Psychiatric Association's annual meeting, on the subject of "Moral Values in Therapy." For the vast mass of people, the recognition is implicit. There is a general and rising belief that men and women everywhere are being deprived of that wellbeing, that satisfaction in living, which can be theirs. There is a feeling that that deprivation is unnecessary, and there is a determination that it shall come to an end. There is a belief, slowly spreading through the minds of men and women—a belief passionately expressed in Karen Horney's life and works—that life is not necessarily a vale of tears, that our world does not have to be a place dark with passion and fury, hatred and death; that these come from our way of living, from our customs, from our conceptions of ourselves and of our fellows. In the most powerful of all, there is a belief that the remedy is in our hands, that we can remold and remodel ourselves and our world.

It is perhaps illuminating to make a comparison between what has happened in the economic field and what is now emerging in the field of individual welfare and social well-being. There was a time when there was a belief that poverty was part of man's destiny. In hierarchical societies, whole classes of human beings were seen as destined to live out their days and bring up their families in destitution. Nothing else was conceived as possible; such was man's lot. Whoever sought to defy this state of affairs or to change it was, at the least, presumptuous. But within the last half century, a series of entirely new concepts concerning the right of the individual man and his family to economic security and freedom from want has arisen. From these beliefs have flowed a great series of social services, of wise reforms, both in the economic and in the social field. The old poverty and destitution, so long felt to be inevitable, is rapidly disappearing.

There seems little doubt that the same process is being enacted with respect to our present deprivations which have been so crippling and so devastating with respect to our satisfaction in living.

It is against this background of forces now gathering up strength for another great forward movement in human affairs that I should like to discuss briefly the part played by conflicts between our basic premises and reality, and between the premises themselves as factors contributing seriously to present social insecurities, hostilities and the general neuroticism of our period.

CONTRASTING SANCTIONS

At the International Congress of Mental Health held in London in 1948, a series of most able reports was made upon the existence of certain great rifts within our cultural patterning. By rifts I mean basic contradictions between groups of premises, many of which have an equally high and extensive degree of acceptability within our culture. I should like to make reference, in the first instance, to the contrasting sanctions which exist relative to aggressiveness and acceptance. As we all know, there exist sanctions for the demand by the parent that the child be good, obedient and submissive. In a slightly earlier decade, there was prevalent the dictum that "Little children are to be seen and not heard." Other phrases from that time come readily to mind: "Little birds in their nest agree", "Let not the sun go down upon your anger."

As we all know from our retrospective psychotherapeutic studies, these premises concerning the behavior of children, if applied with full success, result in the development of some very good little boys and girls who, growing up and continuing to be good little boys and girls, are almost certain to meet major psychoneurotic disaster along life's road. When the child thus indoctrinated comes to adolescent years, he will find waiting for him a whole series of sanctions for the avoidance of strife, for walking humbly and meekly, for deferring to authority; great, solemn, stentorian voices are waiting to ask: "Who are you, little man, that you should question?"

But, alongside this sanction for submissiveness, acceptance and renunciation of individual decision in favor of the precepts of authority, there is another set of sanctions, also well supported throughout our society. These are the sanctions for vigor, for energy, for getting up and getting going, for working harder and longer and more shrewdly than one's neighbor, for getting to the top of the pile, for walking upward through the night while others sleep. Here, then, one sees the stage set for the genesis of an immense range of feelings of guilt, confusion, resentment. How often in

our work have we heard the "good little girl," now grown up, saying, "I have done everything for my mother, devoted my whole life to her, and my sisters they have done nothing; and yet look how she loves them, and how she takes me utterly for granted." In her voice one hears the vicious impact of the counterbalancing guilt which this "good" girl feels whenever she ventures to criticize others.

DICHOTOMY THINKING

Still another great rift between opposing premises referred to at the International Congress was the great difficulties which arise in the lives of all of us through our ancient dichotomy thinking, which sees good men as people who do good things, and bad men as people who do bad things; this being in violent contrast to the reality situation which is that quite contradictory trends can co-exist in the individual. In other words, our premises concerning our social relationships are at odds with the reality situation-namely, that our relationships with others are essentially ambivalent. Again, as we know from our daily work, one of the big forward steps in therapy is taken when the patient is able to recognize that he can love and hate the same person at the same time. But until he recognizes that there is likely to arise, from conflict between the realities and the current premise that one only loves or hates, a whole series of anxieties, guilt feelings and resentments.

This leads us, in natural sequence, to consideration of a still more pervasive conflict between our on-going premises—one which particularly concerns us as social scientists and which time and again concerned Karen Horney. This is the rift between the social imperatives of "should" and "ought," and the whole framework of the scientific approach to human behavior, which may indeed be said to rest on one word: "is." "Why is this so?" "How is this so?" And sometimes, "What is this?"

As we are aware, one of our major problems is to enable the patient to see what is actually happening, rather than continuing to look at what he feels should be happening, what he feels he ought to be doing and thinking. The essence of this is the great on-going, and perhaps increasing, conflict between moralism and realism, between authoritarianism and scientific humanism. This is not the occasion to explore this fascinating matter further, since my primary purpose is to look for a time at the work of Karen Horney and, in particular, to explore her response to a great, emerging, basic premise in our society. But I feel that I should not leave this densely conflicted area without suggesting that when we think about it, when we attempt to understand it, we are most likely to succeed if we do not ourselves moralize and say that realism obviously is destined to succeed where moralism has failed. Rather, one hopes that the approach would be through a continuation of our scientific way of thinking about things, that we would ask more and more searching questions as to how moralism operates, what are the forces which brought it into being, and to what extent is it continuing to add to the measure of individual and collective satisfaction in life.

The conflict between great contending premises are numerous and I shall attempt to examine only one or two in passing. Margaret Mead, in her book, Male and Female,10 has outlined in her fascinating way the confusing sanctions which govern the young girl in her pre-courtship sexual patterns on the North American continent. On the one hand she must be as attractive and enticing as possible, she must show every evidence of lively responsiveness to sexual cues put forward by her partner, but she must do so only to a point. There is no generally accepted social sanction for the complete playing out of the pattern, and Margaret Mead has suggested that for many women this results in finding complete response impossible after marriage. They have been so conditioned to be completely responsive in the early stages of the sexual pattern, so completely conditioned to absolute avoidance of the final stages of that pattern, that in full marital relationship they remain, with quite unconscious willingness, completely inhibited.

From another field I should like to draw still another interesting and fascinating illustration, not so much of conflict between basic premises but, rather, of conflict between a basic premise and the on-going reality situation.

Before industrialization brought its many and mixed changes to our society, there existed a social stereotype of the master craftsman. He was someone—perhaps a builder of boats, perhaps a blacksmith—who by the very excellence of his work had achieved a reputation and had become known as a master in his field. Men came from far and wide to seek his services. With industrialization, however, handiwork and the long and patiently acquired skills became of less account. Men, if they showed special competence, were given special rewards in the way of increased pay or promotion.

LIMITED VALIDITY OF SOCIAL DICTA

The old idea of the master craftsman has disappeared in favor of the idea that if you are good you will get ahead; if you are smart, able and efficient, you will be promoted. It is a widely held conception, especially among middle-class social strata. But, like all social dieta, in practice it has only limited validity. There are many places in many industries where no matter how efficient and able a man is, it may not be possible for him to be promoted. There may be no place for him to go to, or it may be that the boss's nephew is the next person to be elevated. But such is the strength of the belief that there are, everywhere, overmotivated white-collar workers, living like mindless salmon striving to spring up over an impassable waterfall and injuring and exhausting themselves in consequence.

I cannot leave this most intriguing area of the basic premise as a factor in the production of breakdown without making brief reference to the extremely interesting work which has been done in so many centers, and which has been so ably compiled by Bowlby, 11 upon the effects of maternal deprivation. Here one sees a whole series of

basic premises concerning the management of the child, so seriously at variance with the realities of child care as to have produced the utmost damage, and even death, in countless children. Beliefs that children could be managed almost equally well in foster homes and in orphanages, beliefs that mere physical cleanliness and sufficiency of food were all that the child required, have had most tragic consequences.

A last illustration I will draw from a field in which we have ourselves been much interested: attempts to delineate subcultural ways of life learned by the individual in his childhood and dominating his later life. Among these is the heroic-romantic conception of life, one of whose precepts is a belief in the unlimited capacities of will power: "You must never give up", "You must do it yourself", "You can do anything on earth if you simply will it strongly enough." The tragic conflict between this unrealistic premise and the facts of alcoholism are so well known that I do not think that I need to underscore it.

DISSOLVING THE DICHOTOMY

A third general aspect of the basic premise is the modifying influence which one basic premise may exert upon others. Earlier I indicated that a basic premise should be seen as a constellation of action tendencies, both implicit and explicit in their manifestations and operating both consciously and unconsciously. Here would seem to me to be a convenient place to stress the growing interest in seeking some means of dissolving this dichotomy of conscious and unconscious, and to see the phenomena which we have grouped under these headings as actually lying in a continuum. This step would seem to me to follow naturally and almost inevitably upon what I have already outlined earlier on the recognition of the importance of relationships as determining behavior.

No one can question the enormous importance of our discoveries about what has been hitherto designated as "unconscious activity." Without them, many of the most dynamic conceptions concerning human be-

havior would be lacking. There can, however, be little doubt that, again, the inhibitory powers of basic premises have been at work here, and the very intensity of our absorption in the phenomena of unconscious activity has served to block off work which should have been done during these last several decades upon the no less important activities being carried on within the field of awareness.

CONSCIOUSNESS

Recently I have had occasion to discuss the emerging importance of consciousness. It seems almost absurd to have to stress this fact, but it is only in the area of awareness that our major adjustments are made, that the major reconceptualizations take place, that new and original syntheses of behavior take form. Hence, passing forward as we are into a period in which we seem destined to carry out intense work on the importance of the interpersonal relationship as determining behavior, we must clearly recognize that much of the import of relationship takes place at the level of awareness. Moreover, if we are going to see the therapist as playing a more active part in psychotherapy-or, to put it perhaps more realistically, if we are going to recognize more clearly the active part that the therapist does play in psychotherapy—we are going to have to understand more clearly the phenomena of consciousness.

It would, however, seem a very great pity indeed if, in swinging our attention from unconscious activities to conscious ones, we perpetuated the old dichotomy error of paying attention to one thing by neglecting the other. I should hope that we would see determined efforts to produce a synthesis, perhaps, as I have already suggested, in the form of seeing the phenomena occurring in both areas in terms of a continuum.

I have indicated that the basic premise concerning the effects of relationships upon behavior is already exerting an influence upon this ancient dichotomy of consciousness-unconsciousness. Of the various components of our basic premises concerning the importance of relationships, no part seems more likely to bring about a breakdown in this dichotomy than that comprised by communication. Communication has come to constitute a whole field of inquiry on its own, and the aspects to which I refer are the non-verbal communications. Here it can be demonstrated that a whole series of activities and attitudes on the part of one person can be picked up without being consciously perceived, and reacted to by another, although possibly without the fine discrimination of response which occurs when perception is carried out with full awareness. Nonetheless, the fact that perception does occur in both instances again advocates strongly the desirability of seeing these activities in the form of a continuum.

COMMUNICATION

When we come to the matter of communication to our introjected stereotype of the other person, and particularly to the matter of communication to the self, the need for a revision of our consciousnessunconsciousness dichotomy becomes the more apparent. To see what limited exploratory value our present conceptual framework possesses, it is only necessary to consider such phenomena as the dynamics of the playback. This is a psychotherapeutic technique which has been increasingly used with the rapid postwar improvements in recording devices. It has been used particularly to facilitate identification by the patient of his own aberrant behavior. In other words, it facilitates the communication by the patient to himself concerning some of his own difficulties. It seems to do so by reason of two things: 1) the greatly decreased work involved in listening to what one has said as contrasted with listening to what one is saying, since the latter activity has to be carried on coincidentally with the formation of what one has to say, putting it into suitable grammatical form, holding to the goal idea, considering the other individual's capacity to receive what is being said, and checking on how he is reacting. And 2), the fact that when we hear the playback our voice does not sound the way it ordinarily does. Customarily we hear our own voice—at least in part—transmitted through the bones of the skull; when we listen to the playback, it comes through the air. This permits some degree of separation from ourselves and, apparently, evasion of defenses we have established to block out the recognition of neurotic content, inconsistencies, hostilities and anxieties in tone and expression when we listen to our voice conducted in the ordinary way.

Still another aspect of the playback which, if it does not offer a solution of the consciousness-unconsciousness dichotomy at least adds to its general untenability, is the curious phenomenon evoked by repeated playbacks of some significant sentence. While the inner meaning of this sentence may be far from apparent either to the patient or to the therapist, it is curious to note how repetition-say, ten, twenty, thirty or forty times-will first of all make the inner meaning progressively clearer, as though from the summation of stimuli, and then almost inevitably make the patient acutely uncomfortable, to the point of refusing to listen to it further.

I would now like to explore a fourth, aspect of basic premises to which I made reference earlier-namely, their inhibitory capacities. I have already indicated the fact that basic premises are comprised of a constellation of action tendencies which are commonly endowed with sufficient intensity to inhibit all contradictory and antagonistic action tendencies. I would like to suggest to you that it is in actuality this inhibitory power of basic premises which, in large measure, is responsible for the maintenance of a separation between those happenings which can come into awareness and those which remain unconscious. One can say that there is something of a natural selection in basic premises and that those which are effective tend to have reasonably ready access to awareness, whereas those which are less effective are inhibited under most circumstances. It will be understood, of course, that the social sanctions of the period will determine, in a measure, whether or not a set of basic premises is going to operate effectively for the individual. Passing from this, I would like to put before you a possible fifth aspect: that these basic premises are set up in some measure by trial and error, that those essays which are not accepted are then inhibited and, therefore, kept in the area of awareness. So that one may see as part of any basic premise a series of shadow premises usually made up of variant and sometimes completely contradictory action tendencies. Under certain circumstances, there may be a complete swing-over, as has been described by William James¹² in his studies on religious experience, and more recently refered to by Sargant.¹³

HORNEY'S DIRECTNESS AND SIMPLICITY

Finally, I should like to make reference to an important characteristic of Karen Horney's work: her essential directness and simplicity of approach to the problems on which she worked. One may attribute this to two things. First, she was not trapped, as so many others are and have been, in the theoretic superstructure of her teachers. It is one of the unhappier aspects of the development of a new field that so much becomes institutionalized so soon, and that so many of the students and disciples of the outstanding leader apparently are quite unable to distinguish the living substance of what that leader has developed from the forms in which he cast it. It is quite tragic to see what a vast amount of labor has been spent in endlessly turning over and exchanging, with wearisome repetition, the thought forms of the original mindthought forms from which the vitality has now departed as certainly as it has from an empty seashell. And secondly, we must attribute Karen Horney's essential directness and simplicity of approach to the fact that she herself did not seem to require the successive development of theoretic structure which has been so much of an inpediment to the communication of the work of others.

In this review—limited and rapid as it must be—of the response of this able and gifted mind to the rapidly changing and crucial demands of one of the great pivotal periods in the history of humanity, we have glimpsed something of the leadership extended by a sensitive, perceptive and highly gifted person. We have seen how, time and again, she served to crystallize from the amorphous strivings of her day conceptions destined to be built into areas of strength for others. The number of those others, in our society and in the world of thought that knew her, is a continually growing multitude.

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THE SCOPE OF MOTIVATION IN PSYCHO-PATHOLOGY AND PSYCHOTHERAPY

JOHN C. WHITEHORN

THE OPPORTUNITY to deliver the Karen Horney Lecture is an honor and a privilege. The psychodynamic approach to the understanding of human behavior as developed by Sigmund Freud has served as the entering wedge by which many brilliant followers have been enabled to contribute to the relief of neurotic suffering and disability, and to the knowledge of the psychological processes involved therein. Dr. Horney was surely not the least brilliant nor the least productive of the earnest students and practitioners of Freudian knowledge and insights, yet she differed from many in her eagerness and courage to push forward in search of new insight and more comprehensive understanding. She sought better understanding of social psychodynamics in general and of the constructive social forces, in particular.

To honor her aims and achievements, it seems appropriate to present a discussion of "The Scope of Motivation in Psychopathology and Psychotherapy." I shall not attempt to delineate fully the historical development of ideas on this topic, nor to assemble the massive materials available in libraries. Rather, my effort will be to organize and present some views developed from personal observation and reflection in the study and treatment of patients, in association with others similarly engaged. The obligations of teaching and investigation have doubtless influenced me to try to bring

these ideas into line with what has seemed most sound and constructive in our common heritage of psychiatric knowledge and theory.

In the present stage of medical education, those entrusted with the teaching of psychiatry are responsible for presenting to medical students a working conception of human nature as it operates in sickness and in health. This is a responsibility, in respect to personality functions, comparable to the combined work of the physiologist, the anatomist, the biochemist, the pharmacologist and the pathologist in respect to the functioning of organs and organ-systems. We recognize the distortions of perspective involved in those laboratory situations wherein students gain personal experience of these basic sciences. The nerve-muscle preparation, the isolated and perfused heart, the slice of tissue under the microscope, the CO2 production in a Warburg apparatus are familiar examples which provide bits of knowledge and specific concepts, which then need to be integrated into a more comprehensive understanding.

For the medical students' direct study of personality functions, the human material is largely clinical—people in sick-beds, or sick-rooms, or in clinics. Life in bed or on the wards does not well represent the fullness of living. The student may acquire a good grasp of a conceptual model of human nature well suited, for example, to under-

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standing the origin of a hand-washing ritual, yet he needs help in further constructive thinking to bring this bit of theory into practical focus for understanding the life situation in which such an obsessed person may be able to manage a household and bring up small children. A knowledge of the mechanisms of musculo-skeletal and cardio-vascular functioning, and also of the processes of sentiment-formation and egodefense need to be worked into a comprehensive perspective in order to eliminate or reduce the distortions inherent in the special situations of learning the elementary principles. Students and teachers cooperate in this task of gaining and regaining perspectives-shifting appropriately, so to speak, from low-power magnification to oilimmersion and then to the imaginative reconstruction of functioning units.

Knowledge of the nerve-muscle preparation is not an adequate knowledge of physiology, nor is knowledge of the psychodynamics of the repressed unconscious an adequate knowledge of human motivation. A comprehensive, fully adequate knowledge is not yet available—either of physiology or of psychology. But efforts at comprehensive integration are useful and necessary, and it is toward such a comprehensive integration that my efforts are addressed.

The teaching of psychiatry as a medical specialty is, in itself, one of the most comprehensive tasks in the field of medicine because of the multiplicity of factors which may have to be taken into account in the diagnosis and treatment or prevention of mental disorders. Infectious diseases, toxic states, interpersonal stresses, and personal ideals are a few of the topics that enter the specialistic range of psychiatry.

BASIC SCIENCE AND PSYCHIATRY

In the American medical school as we have developed it today, some aspects of psychiatry play the role of a basic medical science. The teaching psychiatrist is assigned large responsibility for developing in medical students a useful conceptual model of what it means to be a human being. The task is in one sense an extension

of the task of physiology to that range of the functions of the organism to which we apply the term personality. Now, what is the central core of the psychiatrist's knowledge which has brought upon him this special task in medical education? A great deal of the psychiatrist's knowledge is only a special aspect of medical knowledge. The part which has been unique to psychiatry and yet of special basic value as a preparation for medicine is that part of psychiatry which is comprehended in the term psychodynamics. Psychodynamics is not the whole of psychiatry. Still less is it the whole of medicine. If wisely defined and systematized, however, psychodynamics can be made the core subject for psychiatry's contribution to the basic orientation of all physicians. The term psychodynamics, in its most general meaning, should, I think, include the whole body of knowledge about biological and social forces which in psychological ways influence personal behavior. But the term is usually used in a more restricted sense, with a special focus on certain intermediary psychological processes, such as interpersonal attitudes, repressed desires and emotional conflicts. The central consideration in all uses of the term psychodynamics is the role attributed to motivation.

Historically, I believe the first organized teaching by psychiatrists in the basic-science aspect of psychiatry in the basic years of the medical school was the course given by Dr. Adolf Meyer at Johns Hopkins under the name "Psychobiology," which centered upon the significance of the symbolic level of integration for the conduct of life. The role of motivation was implicit, rather than explicit, in Meyer's psychobiological formulations. Dr. Meyer also introduced the term "reaction type" as a designation for the clinically recognizable patterns of behavior which characterize the major forms of personality disorder, previously assumed to be disease entities. It was clearly implied in the term "reaction" that these patterns were meaningful forms of behavior, understandable in terms of personality development and life situation. Such a clinical formulation implies motivation but does not explicitly proclaim it,

It was the writings of Sigmund Freud which proclaimed most effectively to the medical world that, in the field of the neuroses, symptoms had meaning-that is, they were manifestations of biological propensities, i.e., determined by motives. Freud also offered a systematic scheme of basic motivational forces, and definite clinical methods for observing and interpreting cues by which motives may be inferred. I emphasize my use of the words "cues" and "inferred" because they serve to high-light a basic principle: that motives are not in the realm of directly observable phenomena. Behavior is observed, but motives are inferred. Statements about motives can be made, either by the subject or by the observer, and such statements are useful and important facts, but they are not the motives. Such statements may have a good deal of truth in them, and, as statements, are observable facts, but the propositions expressed have the nature of hypotheses, to be tested through the further observation of behavior, including speech behavior. Motives, as I say, are inferred, not observed.

There have been earnest crusaders for the "strictly scientific" approach to the study of biology who have sought to delimit biological explanations to the purely physicochemical level. They have been inclined to construe the hypothetical nature of motivation as an accusation or confession of its non-scientific character. The concept of gravitation has the same hypothetical character. Gravitation is inferred, not observed; but the hypothesis of gravitation is susceptible to rigorous mathematical study and is therefore much more readily accepted in strictly scientific good company than is the concept of motivation.

The aversion to admitting motives to scientific discussions of human behavior, however, does not arise wholly from the empiricistic aversion to their hypothetical or speculative nature. There is a strong folkways prejudice against whomever would attribute "motives" to a person, just as there is a prejudice against sinking to the level of "exchanging personalities," so-called, in the course of earnest debate.

Both prejudices have some measure of sound and healthy justification because of the grave risks of error and injustice. Motives may be wrongly imputed or misrepresented, and the "truth" which would serve to correct such error or misrepresentation is not immmediately demonstrable by direct inspection. Nor is there any gadget which will infallibly reveal motives, despite current folk beliefs about "truth serums" or "lie detectors" or "analytic couches."

"MOTIVATION"

In the current literature of experimental biology there is a large and rapidly growing portion concerned with "motivation." How do the experimenters assure themselves as to motives? The technique, now classical, for the experimental control of motivation is to produce or accentuate a need, and to assume that the appropriate motive is thereby activated. Thus, food deprivation, activating hunger, is presumed to motivate food-seeking behavior. By and large, such need-accentuating techniques appear to be fairly reliable procedures, although in complex organisms one may have to take into account other possible motivations thereby aroused, such as aggressive reactions to the imposed frustration.

The technique of studying motivation experimentally through the accentuation of need parallels a reasonable theoretical approach to the understanding of motives as the goal-directing aspect of behavior, for the fulfillment of needs. Herein lies a possible means of rational systematic orientation to the chaotic profusion of motivations, as ordinarily expressed. Let me illustrate this profusion.

Let us ask: what motives do we have? What is it that men seek in the conduct of life? Here are a few of the answers which have been offered to this question:

Men seek pleasure. Men seek security. Men seek comfort. Men seek excitement. Men seek glory. Men seek prestige, status, recognition, for themselves and for their accomplishments. Men seek freedom. Men seek domination. Men seek perfection, beauty, health. Men seek knowledge, understand-

ing, even wisdom. Men seek shelter for their loved ones and security for their families.

Men seek companionship. They seek to help others, to comfort the distressed, to defend the innocent. Men seek justice, or maybe revenge. Men seek to avoid destruction, to avoid hunger, to avoid frustration.

If we seek, now, some escape from such a profusion and multiplicity of statements, by what general statement can we summarize, or divide, or systematize this profusion? Perhaps we may say that men seek success and satisfaction. This formulation sounds, indeed, like a wise remark, but like many other allegedly wise remarks, it attains an appearance of well-rounded wisdom by a hollow circularity. For what is the meaning of "success" or "satisfaction," except as it may be given meaning by the attainment of some specific goal? Perhaps in the most general biological terms we could say that the ends sought, in all the details of man's struggle, could be comprehended as adaptation and mastery. If these are the ends sought, then one must add that, in actual performance, the struggle of life is focussed upon the means toward such ends. How are we to distinguish between guideposts and goals?

HYPOTHESES AS TRUTHS

If we consider Freud's initial effort at systematizing motivational hypotheses, we find that he chose to consider, as the primary motivation, libido or pleasure-seeking. Later, in the fullness of time and the satiety of experience, Freud saw Thanatos, the deity for the Death Instinct, appearing beside Eros, the deity for the Love Instinct, beckoning toward another goal-a kind of Nirvana of relief from the pursuit of pleasure. Thanatos or Eros, death or love-are they adequate statements of final ends of motivation, or merely guides, fingers pointing the direction for the expenditure or accumulation of energy, aimed at the achievement of goals more difficult to discern and label?

I think we need not concern ourselves with the Ultimate and Final Goal of Liv-

ing. It is wise to recognize, however, that there is a marked tendency in us to overgeneralize and to regard our professionally useful hypotheses as revealed truths. Within the past year, I have heard in public discussion a passing remark, by a psychiatrist, implying that all really modern dynamic psychiatrists accept the philosophy of Hedonism. Fortunately, this remark was promptly challenged by other psychiatrists.

Let us revert, here, to a more modest psychobiological frame of reference, in which the goals and processes of motivation are not regarded as ultimates, but mediates. The biological functions of the organismand particularly of the human organism in which we have the most direct interestdo not appear to be adequately represented in a pure stimulus-response schematization. There is a wide range of forces and mechanisms mediating behavior, intervening between stimulus and response, and it is in this range that goal-directed behavior appears as part of the biological system for fulfilling biological needs. Basically, we may state that edible objects evoke foodconsuming propensities, if nutritional needs require it. The same object may evoke other patterns of behavior if other needs prevail. The need, as much as the stimulus, has its influence on response. Furthermore, behavior functions are in many ways organized so as to anticipate needs. Goal-seeking behavior is not geared exclusively to stark necessity. Appetite supplements hunger, functionally. Objects of affectionate interest are sought playfully, as well as for procreative needs. Mammalian species, and some others, are equipped with natural propensities to provide shelter, nourishment and guidance to the young, through more or less prolonged periods of dependency, and all this without the pressing spur of stark necessity. Social patterns of behavior are developed which subserve in very indirect ways the anticipatory fulfillment of biological needs. In some species, innate patterns of behavior, called instincts, accomplish such ends. In others—as mostly in humans-a marked plasticity or modifiability of behavior favors more progressive effectiveness if and when aptly guided by emotional evaluation. The biological means for human learning and achievement appear to be intimately mediated by emotional experience, potentiated by that capacity for perceiving situations and for modifying behavior which we call intelligence.

For these reasons, and others, motivational concepts appear to have won a place, small but respectable, as working hypotheses in the study of human biology, despite the aversion of modern scientists against teleological concepts, or anything that smacks of purposiveness. I am inclined to think that it was the deification of teleology or purposiveness which prompted the original aversion. But much of that aversion still remains, whether the terms are in capitals or in lower-case type; and many medical men in their efforts to understand psychiatric problems still fight shy of being contaminated by concepts of motivation, unless, perhaps, such concepts are dressed up in the age-worn garments of so-called "common-sense," or in the special disguise of a fondly cherished theory of cause and effect.

This is a central problem in teaching psychodynamics, and also in developing psychodynamics. Psychodynamics has motivation at the core. Without some concept of motivation, psychodynamics is meaningless and merely pernicious gobbledygook. The recognition of this simple fact has been much evaded, also out of scientific prejudice. The prejudice or aversion of which I speak has also its reverse influence in another phenomenon, likewise of great concern to a medical teacher. That is the tendency for the student or physician, once he has gained some grasp of psychodynamics, to forget, reject or even deride, the knowledge so laboriously won under the organicist banner. It is as if there were a repulsion between ideas. Disease states must be seen as either "organic" or "functional." The student is often caught up in a loyalty contest; either the surgeon is wrong or the psychiatrist is wrong; either this patient has a pancreatic adenoma or he hates his mother. Many now talk about the psychogenic diseases, a trouble-making term whose pernicious implications will plague us for years to come, tending to accentuate the obsessive-compulsive tendencies of medical men either toward psychophobia on the one extreme or psychomania on the other extreme. Such either-or attitudes reflect the difficulties in grasping the significance of motivation as a part, but only as a part, of

the psychobiological picture.

Some years ago, at a medical meeting, I undertook to speak briefly regarding the concepts of "meaning" and "cause" in psychodynamics. I expounded the view that symptoms have meaning, in a motivational sense: that morbid patterns of reaction are part of an adaptational struggle; that one of the main tasks in psychiatric work is to "conduct an individualized study of each patient to point up the main recurrent theme or issue of dissatisfaction and conflict, to assess the individual's currently unused potentialities for dealing with this issue and to evoke a well-founded and selfassured mode of resolving the issue more satisfactorily." I had been having difficulties (and, incidentally, I am still having difficulties) in persuading students and colleagues to distinguish between this concept of the "meaning" of symptoms and of reactions, and the concept of "cause." Many seem to think that biographical and anamnestic study is carried on only for the purpose of discovering the "cause" of the ill-

I need not here and now elaborate the substance of that discussion. The title of this paper indicates, however, that I continue to be concerned with the psychodynamics of both psychopathology and of psychotherapy—the "here and now," the actualities of current motivation and current issues, and the biographical search for constructive motivational possibilities, as well as the scrutiny of anamnestic and associated material to gain a knowledge of events which may have been the occasion for morbid trends to develop.

The paper on meaning and cause was designed to help restore a balance, both in theorizing and in practical day-to-day psychiatric work, which would overcome the terrible emphasis on uncovering "the

cause." I wished to do a bit to cultivate a clinical attitude favorable to a more broadly based human understanding and therapeutically more effective inter-communication.

FREUD'S "CAUSALITY" OBSESSION

Since that time I have had the opportunity to read the first volume of Ernest Jones' biography of Freud. This magnificent biography has served to bring clearly to view facts and tendencies which previously I had rather vaguely presumed to account for the strangely mechanical nature of the Freudian system of doctrine, in particular the "causality" obsession. I would like to express my gratitude to Jones for the materials which make Freud's obsession understandable and which provide a more believable portrait of that remarkable person, with his strange combination of humility and arrogance, of rigid compulsion and creative genius. It was one of the ironies of fate that this intellectual child of the Nineteenth Century materialism, devoted disciple of the school of Brücke, Müller and Helmholtz in their holy crusade against vitalism, should become the foremost protagonist of motivation. One can sympathize with the prodigious intellectual labor required to conceive a working model of human nature in which wishes were the cornerstone, and clinical interview the method, yet which would maintain intellectual integrity with physico-chemical Science, spelled with a capital S. Freud's revered teacher, Ernest Brücke, was one of those who subscribed to, and earnestly promulgated, the doctrine that "no other forces than the physical-chemical ones are active within the organism."

In mid-Twentieth Century, some of us can with fair equanimity contemplate the human being under the aspect of motives and even aspirations, while acknowledging simultaneously the physico-chemical limitations on the functioning of the organism, the exciting effects of androgens and the inhibiting effects of chlorpromazine. We can, and do, express our doubts about determinism; indeed, our positive disbelief in

one hundred per cent determinism. A modest measure of faith in human freedom of choice in the conduct of life does not appear to me inconsistent with scientific method, for I note that most of my scientific friends behave as if they had some freedom of choice in the design and conduct of their experiments.

Freud, in the Ninteenth Century, was under compulsion to formulate motives as drives (a concept much more in conformity with mechanical postulates), to devise a pseudo-quantitative theory of instinctive energetics, and to reaffirm repeatedly and in absolute terms, the basic postulate of strict determinism.

Has this difference appeared because we, today, are sloppy in our thinking? Do we lack scientific scruples? Are we intellectually dishonest? Or was Freud, perhaps, needlessly obsessed with pseudo-mathematical models? Was he under compulsion to force all biological phenomena into physico-chemical formulations? Was he tied so compulsively to cause-and-effect models of thought that he had to formulate all observed regularities, and even many unique observations, into cause-and-effect formulations?

The tragic history of his clinical use of cocaine, his unshakable conviction that it was the hypodermic needle which transformed cocaine from a curative into an addictive agent, suggests some such compulsive pattern of thought. His strange preoccupation with the weird numerology of Wilhelm Fliess was perhaps another instance of his pseudo-mathematical obsessions, but fortunately that was only a transient affair, more significant for its other, more personal implications.

Freud used the instinct hypothesis in a typically Cartesian manner. He attempted to create psychodynamics on a hydrodynamic model with the equivalents of an incompressible fluid, channels, pistons, conduits and valves. In the clinical application and testing of the system, every complex must be subjected to elementary analysis, reduced to its ultimate elements. If the elements of motivation were uncertain, then

appropriate ones must be discovered or invented. The work was prodigious, and the theory produced was awe-inspiring in its basic simplicity, its strict determinism and its pseudo-quantitative formulations. How different indeed was this systematic theoretical structure, built around the mechanisms of the repressed unconscious, from the rather casual observations of others regarding unconscious motives and unexpressed desires.

Surely, Freud worked hard to attest his loyalty to Brücke's indoctrination. But despite the mechanical rigidity of the initial Freudian formulations, life crept in at the cracks. The purification process did not remove all vitamins. Practitioners of the system still could be human enough to evoke therapeutic effects in their patients.

After the initial framework of theory had manifested Freud's loyalty to Brücke, further labor brought more clinical materials and somewhat less obsessive re-formulations. In the forties, Franz Alexander could say that the crux of psychoanalytic therapy lay in a corrective emotional experience and still, by a certain margin, maintain high status in the institutionalized framework of the psychoanalytic movement which had grown from Freud's work.

One may say, however, in a figurative way, that Freud always carried with him in his explorations of human motivation the key which would re-admit him to his intellectual home in Brücke's laboratory in the form of a profession of faith in strict determinism and a mechanistic model of causality. In Freud's system of doctrines, with its motivational formulations based upon the instinct hypothesis, utilizing a Cartesian type of hydrodynamic analogy, the meaning of a symptom is the cause of the symptom, and any deviation from this basic assumption is treated as nonsense. Deviationism does occur, and sometimes without excommunication.

In recent years Walter Cannon's physiological concept of homeostasis has been widely used to formulate and express the mechanistic bias of the earlier Freudian psychodynamics. This use of the term homeostasis is based upon the formulation that behavior is oriented toward the reduction of tensions. Behavior is presumed to be determined toward the goal of a tension-less state, or the reduction of tensions to a minimum. This appears to me a revival of the Nirvana idea. It does seem to me a sound assumption that homeostatic tendencies and mechanisms are a part of the motivational picture. Indeed, I know some people markedly devoted to the preservation of sameness. For them, it may be approximately true that homeostasis is the ruling passion, so to speak; but for many, adventure, excitement and challenge appear strong incentives, too. It is difficult for me to accept the formulation that the phenomena of human living are comprehensively explainable as measures for preserving steady states. Animal life seems most characteristically different from plant life in its potentialities for locomotion and adventure, and the concept of homeostasis seems an extremely inadequate basis for a comprehensive theory of the motivation of behavior.

The scope of motivational postulates has grown larger, if not in the minds of strictly orthodox Freudians, at least in the minds of many who acknowledge the basic significance of Freud's work. Karen Horney and many others have expressed significant insights into the social origins and social significance of motives. Herein lie, I presume, some of the most marked deviations from the proto-Freudian schema. It seems that to Freud society appeared primarily a coercive or prohibitive force, the ultimate origin of repression, rather than a source of positive incentives. The dictates of morality had for him this hostile, authoritarian implication. Perhaps he was inclined to such a view by personal experiences in his own social setting, by the authoritarian character of the political system under which he lived, and the frustrations produced by the prevalence of anti-Semitic attitudes. Early in life and late in life he suffered much from the social order.

In the system of motivational postulates which I prefer, motives of social origin and social significance have a large part. Nor does it appear to me that social psychodynamics is a product of instinctive drivenness, beaten into shape by the hammers of social coercion.

ENACTING ROLES

We may employ the term role as a descriptive term to indicate modes of social action-modes of participation with others in the processes of social living. Using the term so. I would say that human beings appear to me strongly motivated to enact roles, with slight regard, if any, for their immediate instinctive utility or origin. I have often watched children in spontaneous play, and have been impressed by the enormous extent to which their activity consists of the enactment of roles. Cowboys and Indians, cops and robbers, playing house-these are only a fraction of their role-taking activities. A large part of childhood appears to be spent in exploring, enacting, and tasting the flavor of roles, and in dramatizing oneself in favorite roles.

The Freudian schema for psychodynamics presents the id as the primary source of motivation. Yet the "it" may rival or exceed the id as a motivating force, in the sense that "being it" in one's preferred social roles may become the principal main-spring of motivation. As a sad indication of the importance of roles as goals of motivation, one may see children sulking in the alley when they can't be "it," and one may see adults jumping from office windows, or otherwise throwing away the meaning and value of life when they can't be "it" any more.

I have already spoken briefly of the close relationship between needs and motives. I wish to speak now about "emotional needs," which play an important part in social motivation. It is admittedly difficult to reduce the concept of emotional needs to definite specifications. From professional experience in the fields of psychopathology and psychotherapy, I have been led to postulate three emotional needs having special significance for social behavior. They are the need for affection, the need for personal sectivity, and the need for personal significance.

ficance. I have characterized them as needs because it appears to me that a person has to have some measure of satisfaction in these three items in order to develop and maintain the social assurance required for him to enact appropriately the social roles necessary for effective participation with others. The three form a series having relatively different degrees of importance at different stages of personality development. In a rough way, the motivational patterns pertinent to these needs provide approximate scale markings for evaluating levels of maturity.

THE NEED FOR AFFECTION

The predominant emotional need in infancy is the need for affection. Affection assures protection, care and nourishment. But affection means more. It fosters enthusiastic responsiveness and attitudes of eager expectation in the most elementary social situation of parent and child. Affection provides some assurances of favoritism at a time of great dependency when some special favoritism is greatly needed. In some persons, the infantile pattern of dependency upon affectionate favoritism persists and persists and persists. One may say that the person has clung to infantile values, or has been fixated at such levels through extreme attachments, but it is my impression that the principal reasons for such an extreme block in maturation lies in the failure of the home to provide the security needed to negotiate the next steps in emotional development.

In order to begin to participate with comfort in the competitive life among other children, or even to endure without extreme distress the uncertainty of parental absence, little children need to gain from their experiences a reasonable expectation that the universe is dependable. If mother has to leave, mother does come back. Food is forthcoming at suitable intervals, and so is affectionate attention. Later, the custom of sharing goodies and the custom of taking turns inculcate a faith that fair play characterizes the operations of the young-ster's universe, and this faith is supported

and strengthened by the interventions of parental figures supporting principles of fair play and justice. Without the faith built on such experience, one feels very much alone and in danger, not only from aggressive attacks, but from one's own tendencies to aggression, which might elicit overwhelming retaliation. Lack of support or lack of firmness in parental figures endangers this security; frequent and unpredictable conflicts between parents wreck it; favoritism and overprotectiveness from parents inhibit its development. The reasonable expectation of fair play is a condition necessary for a person's eager exploration and adventure in the give-andtake of social living. The practical advantages so gained are great and the emotional rewards are very large. The bargain is a good one and most youngsters appear to perceive, in time, that it involves obligations to adhere to fair practices oneself.

The psychiatrist not infrequently encounters patients whose faith in fair play or whose sense of security has gained so little validation from experience that they have had to rely throughout life upon favoritism, in the infantile pattern. Lacking the sense of security that comes from a faith in fairness, some infantile personalities live life timidly and with great circumspection. Other infantile personalities, with careless abandon, dare foolish risks and impulsive adventures, apparently as means to gain repeated manifestations of the protector's favoritism and power. I have seen such examples in which it appeared to me that the protector took a childish or infantile delight in the extreme expression of favoritism and indulgence, and I have been tempted to label this partnership infantilisme à deux.

These more timorous and circumspect infantile personalities are close neighbors in the classificatory sense to childish characters who made, so to speak, too tight a contract in their security-bargain, committing themselves to extremely meticulous codes of conduct. One suspects, and the suspicion is sometimes confirmed by adequate histories, that such youngsters have earlier

suffered a fairly severe deficiency in regard to their affectional needs.

TESTING SOCIAL LIMITS

The childhood phase of personality growth, with the emphasis upon the development of personal security, covers a good many years and a good deal of experimental role enactment, whereby the boundaries of social tolerance may be fairly widely explored.

But the widest extravagances in testing the limits are likely to appear in adolescence. In the usual course of events in our culture, one feels in adolescence an increased need to achieve and assert some sense of individual personal significance—sometimes very assertively against authority figures such as parents, sometimes in exhibitionistic physical exploits, and often, during later adolescence, in a rather exaggerated radicalism or excessive reactive conservatism.

We are also familiar in our culture (probably more so than in other cultures) with the grown-up, middle-aged adolescent, grasping at opportunities for self-display, insatiable in the pursuit of badges of distinction, chasing after sexual exploits or other types of mastery, dramatizing attitudes of impudence or contempt of propriety.

In psychiatric case material one can find abundant evidence that difficulties of adjustment and psychopathological states often involve motivations based on extreme needs for asserting personal significance. As a clinician and a therapist, I do wish, however, to put in some good words for these adolescent motivations, even in the older age groups. Behavior thereby motivated may be exasperating, but the patients who manifest it do get well, pretty regularly. Such motivations may prove very useful at certain stages of psychotherapeutic strategy.

These brief comments about levels of maturity can now be pulled together in a few sentences. In the mature personality a flexibility of social attitudes has been achieved, expressible in a considerable repertoire of acceptable roles, developed

through life experiences which have served to fulfill reasonably well three outstanding emotional needs. These are: the need for personal significance, present throughout life, but (in our culture) particularly prominent in adolescence; the need for personal security, gratified by the culture's provisions during childhood for inculcating fair play and the basic decencies of mutual respect; and the need for affection which is paramount in infancy. At maturity one does not graduate from these needs but attains an advanced stage of competence in social roles well suited to satisfy such needs in varied ways, and to behave toward others in ways that satisfy their emotional needs, and also a tolerance for temporary deprivation of these needs. Failure of life experience to fulfill these emotional needs may seriously distort personality development, in a manner somewhat analogous to the chronic effects of nutritional deficiences.

I have spoken at some length about motivation, the central role of motivation in psychodynamics, and the central role of psychodynamics in developing a professionally useful understanding of human personality functions. My specific topic is "The Scope of Motivation in Psychopathology and Psychotherapy." It may have

been expected by some that I would under this title offer a categorical list of the motivational patterns productive of morbid states and another list of the motivational patterns curative of morbid states. So far as I can see, it is not possible to so categorize motives. Much psychopathology appears to me as motivationally normal behavior which has miscarried into inappropriate settings, where it is not geared to the situation or the need. Ineffectiveness and distress are probable features of such motivational and behavioral ineptitude, which may be ameliorated, however, by facilitating an appropriate shift in motivation. I have paid particular attention to the levels of maturity in personality development, and the three categories of "emotional needs" which seem most significant for understanding the motivational characteristics of immature personalities.

This brief review does not permit extended discussion of three important technical problems: how to detect the cues significant for inferring motives, how to check the inferences, and how to evoke more constructive and appropriate motivation. In the main, I have sought to depict a broad scope of motivation, and to picture it within the frame of biology.

THE IMAGE OF MAN IN PSYCHOTHERAPY

ERNST KRETSCHMER

Ernst Kretschmer, the pioneer in the study of the relationship between body structure and character, in a letter to Karen Horney in which he invited her to join the editorial board of the Zeitschrift für Psychotherapie, wrote: "Your ideas are in full agreement with my own views on psychotherapy which you know from my book Psychotherapeutische Studien. I wholly sympathize not only with your broadminded, undogmatic view of the manifold paths of psychotherapy—so rarely found today—but also particularly with such concepts as "curative psychic forces," and "self-realization."

Ernst Kretschmer is professor of psychiatry and director of the Neuropsychiatric Department of Tübingen University. He is president of the Allgemeine Aerztliche Gesellschaft für Psychotherapie. Among his numerous books are Der sensitive Beziehungswahn, Körperbau und Character (Body Structure and Character), Medizinische Psychologie, Geniale Menschen (The Personality of Men of Genius), and Hysterie, Reflex und Instinkt, Psycho-

therapeutische Studien.

The following article, chapter 8 of Dr. Kretschmer's Psychotherapeutische Studien, is published here with the kind permission of the author and the publisher, Georg Thieme Verlag, Stuttgart. It was translated by Heinz and Ruth Norden.

THE TASK of psychotherapy is analytical only occasionally, as a means to an end. In its ultimate goal it is creative. Hence the question soon arises: What is the goal creatively pursued? What is the image of man we envision and seek to shape? Even in the limited example of schizophrenics and schizoids it has become clear that biologic factors lead us unwittingly and inexorably to ultimate questions of ethics and philosophy, if we only stop to think about what we do and wish to do.

To be sure, it is scarcely the physician's province to establish codes of ethics or philosophic precepts. These have come into being over the centuries. They spring from the fullness of life and cannot be understood from the viewpoint of the physician alone. As scientists it is our task, however, to develop with care the firm insight we have gained in the field of biology, following it all the way to the point where it

joins the broad stream of spiritual life problems. The image of man we gain under such limitations will have the virtues of standing impregnably on firm, factual knowledge and harmonizing with the laws of life. This human image will be rooted in the background of a world image we must outline broadly, without losing ourselves in philosophic byways, because it constantly plays a part in practical psychotherapy.

The world image of scientific man is closely related to the religious world image. Awe of things that are greater and mightier than we, of their iron laws, gives rise to that sense of "outright dependence" which Schleiermacher called the fundamental religious feeling. Some years ago an eminent mineralogist delivered a lecture in which he managed to paint an impressive picture of the vast dimensions and epochs of geology. One solid citizen, while leaving the hall, was overheard impulsively saying: "That

should make even a Gauleiter grow humble!" This was putting it in a nutshell; but the same spirit, on a more profound scale, is seen to animate truly great scientists men like Johannes Kepler or Max Planck. They were pervaded with modesty and reverence in the face of things that transcend the senses, knowledge of which is denied us.

Questions of religion are often brought to us in the consulting room. While it may be improper for us to intervene or voice opinions, the rich and harmonious image of man we seek to create is unlikely to suffer if the patient senses that the physician, too, is not unresponsive to that sense of modesty and awe in the face of the metaphysical background of things.

DISCREET AND GENTLE HUMANISM

There is room for wide differences of opinion beyond this border region. Personally, I tend to sympathize with the discreet and gentle humanism of religious tinge that underlies the psychotherapeutic guidance of some physicians. I care little for physicians given to pompous preachments and sacerdotal attitudes in the consulting room, whether they keep to formal religion as such, or orate solemnly on "the physician's mission." In a few eminent doctors religious pathos may be the outward manifestation of a serious and profound intent; but too often it appears to be little more than an empty routine; and occasionally one is inclined to suspect a lack of sincerity as well. Yet genuineness and sincerity are the starting points of the human image; and what befits the minister ill behooves the physician. Each to his own trade.

Far more appropriate to medical guidance is a thoroughgoing realism, cleansed of all pathos, the spirit that animated the good old family physician who took morality for granted without losing any words over it. Even on his deathbed he might be feeling his own pulse—a sense of the reality of life to which scientific discipline contributes as much as a calm and serene understanding of human nature. Such a steadfast, taciturn, upright cast of character gives

firm support to the patient as well. It is a form of human guidance that is peculiarly the outgrowth of medical practice.

Once we have gained this background, the specific shaping of the human image on the basis of our medical knowledge is likely to develop clearly and surely. We have already stressed the role of honesty and sincerity. Here, too, the strict ethics of science in matters of truth coincide with the highest precepts of ordinary morality. The only conceivable exceptions come when the patient's personality is so insubstantial that it cannot survive without illusions. Again, we have asserted that as a goal in sound medical psychotherapy the human image must be harmonized with itself and its environment. This process of harmonizing must be developed individually, according to the patient's constitution, physical state, temperament and drives, as firmly established by scientific criteria. It is sometimes argued that disharmony and conflict are precisely the soil in which outstanding talent and performance flourish. This is true, but of little importance in practical psychotherapy, for most patients come to us tormented in mind and body. Their whole life and work are impaired by inner conflicts and they are not usually concerned with outstanding performance.

General factors of temperament, like specific instinctual structures, are rooted in the depth personality. They are the materials with which we work, the substance from which we must build. Such resources as are useful must be attuned to each other. Discordant and harmful elements, rather than being repressed, must be clearly recognized and compensated as clearly as possible.

Thus, forming the human image is a job of careful differentiation and individual autonomy. It cannot follow any general plan, to be derived in universally valid form from some philosophic or metaphysical system. Every constitutional type has its own basic biologic orientation. In matters of environment, occupation and outlook, too, there are certain optimal values by which it must be shaped.

Because of the bipolar psycho-physical structure of temperament, we can clearly

distinguish, even within the three great constitutional types of leptosomes, athletics and pyknics, no less than eight temperaments. They have been studied thoroughly and carefully-by basic disposition, emotional response, motivation, stability, innate ability, both concrete and abstract, esthetic sensitivity to color and form, muscular tension at work and in movement, facial expression and gestures, as well as by their autonomic nervous system, their metabolic mechanisms, their visceral functions and responses. Add to these the endocrine nuances with their many variations in body type and temperament; early departures from normal constitutional development, and the many anomalies of personality stemming from discrepancies in growth (retardation side by side with acceleration) chiefly during puberty and determining instinctual structure in later life, which become so significant in the area of neurosis. Together with the clashing and overlapping of different types of temperament and phases of development, all this results in a many-hued, finely shaded picture of personality on a scientific basis. Both in occupational counseling and psychotherapy, such a picture makes possible a guidance framework for the individual, with his environmental needs, response to experience. interpersonal relations and range of performance, that is incomparably sharper than intuitive judgment permits.

THE AILING PSYCHE

But even these highly differentiated human images are encompassed within a wider framework, an ideal image of mankind as a whole as determined by religion, society and the state. Some have spoken of a climate in which "the human plant" thrives particularly well. In the vegetative, constitutional sense this is undoubtedly true. The over-all image of societal forms and intellectual currents may be likened to a climate which at its best offers to a majority of the constitutional variants in the human group conditions favorable for shaping their differential human images. But this is not always true. Then the physician

with his authority must protect the patient's ailing psyche against harmful influences in the intellectual atmosphere, restoring to him not merely a usable environment but the ethical guidance he needs in order to thrive. Unless it is to imperil the growth of the individual human image, the overall image must be neither too generalized nor too dogmatic. It should cover the patient like a protective cloak of warm and wide humanity. It should be reconcilable with and, indeed, organically derived from the general laws of biology. Further on, when we discuss instinctual structure with the help of individual cases, we shall see to what extent societal guidelines may be accepted here and to what extent they must be modified.

THE HUMAN IMAGE OF FREUD

We do not have far to look for the model of a human image that arose immediately within the psychotherapeutic sphere and exerted a dominant influence far beyond. It is the human image as developed by Freud, building purely from instinctual structure and showing the ramifications of the sexual drive into the outermost extremities of personality, like a delicate, transparent, anatomical preparation. This is scarcely the place to discuss the question of whether such a model of instinctual structure (and purely sexual at that) is an adequate representation of the fullness and wholeness of personality with all its moods, manifestations, compensations, mechanisms and syntheses. But understanding is enriched when this Freudian image is viewed against the background of its contemporary culture. The name of Freud is always mentioned with respect, even by those who disagree with him. And when we use the term Freudian here we mean neither Freud as scientist nor psychoanalysis in its present stage of development, but the whole intellectual orientation of the early Freudians in their contemporary context. Viewed in this light, Freudian doctrine is readily seen to have developed in the soil of the declining Victorian age at the turn of the century. The human image of the Freudians can be understood only from the aspect of the Victorian human image. The Victorian age with its many imposing values and achievements is a complex European phenomenon. One of its shrewdest and most forthright contemporaries, Theodor Fontane, pithily characterized one aspect of it in these words: "Loose living corrupts morals, but a pretense of virtue corrupts the whole man." The Victorian and the Freudian image of man complement one another like black and white. Freudianism was an allergic reaction to the pretense of morality that marked its age. It is prudishness reversed. If the Victorians wore their collars high, the Freudians dispensed with even the fig leaf. The early literature produced by the disciples of Freud sometimes seems to outdo itself in this direction. It became the fashion to dissect all life phenomena. and especially those of an aesthetic and spiritual character, down to their sexual components, only to exhibit the result with a cynical smile-"that's all there is to it!"

Was this indeed "nature," as was asserted? Or, to examine the serious core of Freud's researches, is only the positive drive natural, while all inhibitions are artifacts, cultural ballast, manifesting themselves as harmful neuroses? This lop-sided antithesis of nature versus culture goes all the way back to Rousseau. It runs like a red thread through philosophy and ethics and the human images they have formed. As a crucial intellectual prototype, moreover, it plays an important part in the entire theory of neurosis and in practical medical psychotherapy. It affects the concept of repression and especially the question of who shall be analyzed, when and how extensively. Intimately associated with it is the view that healthy people should (or at least may) be analyzed and the questions of child and didactic analyses.

Is this Freudian assumption scientifically correct? Must positive drives be considered as natural, and inhibitions as artifacts? The findings of brain physiology lead us to different conclusions. We know, for example, that circumscribed cerebral foci in encephalitis lethargica in children may destroy positive drives and inhibitions alike. Both are biologically rooted. Both are in actual

fact instinctive, to say nothing of the additional mechanisms provided by inhibitions at a higher level in the psyche. In other words, drives are bipolar in structure, just as the autonomic nervous system is directed by antagonistic impulses and just as constitutional temperaments, as we have seen, are bipolar. This is the fine balance of nature. In healthy persons of good stock drives are in automatic balance; and that is of crucial importance to the problem of a harmonious image of man.

REPRESSION

Looking back from this vantage point on the curious conflict between Victorians and Freudians, we see the simple truth of the matter. Each side had repressed precisely half of its sexual drive—the Victorians the positive urge, the Freudians sexual restraint.

It is easy to verify. One needs only to show the literature of those times to normal, healthy people who understand the meaning of love. They are as repelled by the naked cynicism of the early Freudians as they are by Victorian pretenses, and consider both unnatural and distorted.

As for the human image of Jung, we can only mention it here, since it does not fit into the immediate context of our biologic thinking. It is characterized by the fact that religious phenomena become subjective and psychologic, that the individual is relatively overshadowed by his ancestors. It is, in fact, psychotherapeutically accessible to but a small elite of highly civilized people, because of its sublime concept and formulation. More closely related to our own point of view is the psychotherapeutic approach of Jung for whom analysis is only a means to an end, while the real purpose is the elaboration of the human image, the creative formation of the entire situation of the psyche, present and future. On our side the basic difference lies in our holistic and consistently psycho-physical approach to the shaping of the human image, while the sublime concepts of Jung remain essentially confined to the philosophic and psychologic

Let us return to our main problem: harmonizing instinctual structure with total personality. Friedrich Schiller, who immersed himself deeply in these questions from the philosophic aspect, said in his thoughtful way:

> Joy of senses, peace of mind— Choice is mankind's anxious plight. From the brow of loftier kind Shines their wedded light.

The fine German formulation, Sinnenglück und Seelenfrieden, reveals that the scales of ethical evaluation were here kept in careful balance. Sensual pleasure is taken to make up its full share of a divine ideal, blended into the radiant countenance of a more exalted being. Schiller implies clearly that the achievement of such harmony is denied even the noblest man, attainable only on a divine level. One hesitates to dispute a clear thinker like Schiller, but is he right?

We can scarcely adduce here an ideal human image from the medical sphere, but we may perhaps cite an example that is culturally contemporary with Schiller. This is the human image of the French aristocracy of the classic ancien régime, viewed at its best and most representative, before degeneration had set in. The nobility of the late Seventeenth and the Eighteenth centuries was free of repressions, at least beyond the circle of Mme. de Maintenon. Its members were not in need of analysis nor did they even later show the slightest inclination to adopt the virtuous pretenses of the Victorian age. Nor did they, in matters of literary expression, lapse from the delicate restraint that springs at bottom from inhibitions acquired by education. With a grace and decency unimpaired by moralistic anxieties, they rejoiced in the love of fair women. True, they kept talking of virtue, but what they had in mind chiefly were the heroic virtues of Plutarch, and even these were usually applied only in theory, for the purpose of philosophic dialogue.

The ideal of this age is perhaps epitomized by such personalities as Ninon de Lenclos. The salon of this gracious and highly cultivated lady was the meeting place for all men and women of spirit and rank. She kept her charm into her old age and enjoyed a host of admirers and lovers. Her

lofty skepticism and naive hedonism concealed a well-rounded and thoroughly appealing personality, acting always with tact and easy grace. Perhaps the most convincing testimony to Ninon's charm is found in a letter from Lieselotte (May 18, 1698), whose straightforward character and sound moral sense makes her an unimpeachable witness. She expresses the desire that her son, for the sake of his own education, might see more of Mlle. de Lenclos, who would be sure to inspire finer and nobler sentiments in him. Ninon's exquisite manners and her modesty in speech and conduct are praised. Indeed, she is discussed only in terms of warmth and sympathy.

It is true that the human image of the rococo period which grew from this age is scarcely ideal. It is too light-weight, and its lack of firmness and moral discipline, its growing degeneracy, are too obvious to require discussion. Nor was it by any means as lofty as Schiller's thinking. But it is nevertheless of interest as an example in cultural history. Subsequent ages in the history of the West rarely succeeded in repeating this successful, urbane integration of erotic love and all its cheerful warmth with total personality and society as a whole, while slipping off neither into prudishness nor indecency. True, human nature is so complex that such an experiment could even so succeed but briefly, only in an exclusive social class of meticulous education-and even there only in part.

AGGRESSIVENESS

There is a set of drives equally important to character structure but even more dynamic and infinitely more dangerous, which one is readily inclined to overlook in the whole complex of problems posed by Freud. This is the likewise dichotomous urge to inflict and suffer pain, termed sadism and masochism when it interferes with normal sexuality. Brain physiology has established conclusively today that aggressiveness constituates an autonomous group of drives, with fully integrated affective and psychomotor pathways, and with centers of interference in the diencephalon (Hess et al.). It coincides by no means with Freudian

pan-sexuality, although at times it may be coupled with or affected by the sexual drive, making it even more dangerous and unpredictable.

Up to a certain point aggressiveness is a basic human drive of archaic origin. Advancing civilization has thrown more and more doubt on its biologic and ethical value, and the character traits stemming from it are today the subject of hot debate. The constructive work of everyday practical psychotherapy naturally suffers in this process. Even so, the aggressive drive is unusually difficult to integrate with a harmonious personality. Unrestrained aggressiveness is fundamentally antisocial. Attempts to sublimate it are often even more dangerous than the primary drives, because they are harder to recognize. They take on the most diverse moralistic guises and appear where they are least suspected, in the form of self-sacrifice and duty, for example, as I have already pointed out in the case of highly talented persons.

THE NIETZSCHEAN IMAGE

The consistently formed human image of Nietzsche reveals the great inward pressure of instinctual tensions, aggressiveness being the main feature of the Nietzschean ideal. Despite Nietzsche's psychologic astuteness, experience shows that his frenzied dynamics exert a devastating effect on the average man who never succeeds in sublimating his dangerous aggressiveness in the direction of the aristocratic ideal to which Nietzsche aspired. To some extent the Nietzschean image, in the field of aggressiveness, suffers from the same flaw that afflicts the Freudian image in the field of sexuality-the illusion that uninhibited drives can be equated with "nature." Any ideal framework that emphasizes only one aspect of a bipolar set of drives serves to unbalance the whole.

The philosophy of Schopenhauer, on the other hand, clearly reflects the inherent contradictions between instinctual depth personality and intellectualized personality. It is sometimes well-adapted to psychotherapy for patients of the highest type. Its pessimism, always doughtily seeking to

get at the root of things and often tinged with a profound sense of humor, is a healthy antidote to sentimentality and neurotic pretenses. On such foundations common-sense thought and action with limited aims may be readily built up.

In the psychotherapeutic sense the most acceptable and harmless sublimations of aggressiveness are mock conflicts, especially those not directed against people. In peacetime, sports constitute a broad arena. The inordinate amount of space taken up in the press and the pathetically exaggerated manner of treatment readily reveal the emotional background of sports activities, for these could scarcely be explained from the relatively insignificant concrete content of such activities. When climbing expeditions are represented as "victories" over mountain peaks, this is surely one of the strangest human delusions of grandeur, plausible only from its emotional roots.

THE TRAGIC ANIMAL

Man is indeed the tragic animal. His instincts have, for the most part, not yet become transformed and remain at an archaic phase of development, while his intellectual evolution has been so swift that all the products of his mind become instruments of destruction. Man is the tragic animal. Although he may act primitively and outdo himself in praise of instinct, even today, he no longer has enough of it to guide himself safely; yet his reason has not yet grown to the point of being able to take over the tasks of instinct. Does that mean that one should swim with the stream and ridicule reason? By no means! There is only one thing wrong with reason. Most people do not have enough of it.

Despite all the complex and involved phenomena shown up, especially by the researches of Freud, sexual drives are on the whole far less harmful than the character traits and instinctual anomalies associated with aggressiveness. Sexual drives are not fundamentally antisocial. They often illuminate rather than obscure vital processes. True, tensions often attend their harmonious integration with personality, but

physicians with sufficient vision and spontaneity are unlikely to encounter major difficulties. The chief problem lies in the marked tendency of sexuality to take on deviant expression, especially the partial arrests of maturation that come during puberty, leading to the characteristic personality disturbances that belong under the heading of retardation. Hence, erotic problems are indeed dominant in many neuroses, introducing discord into the relation between total personality and instinctual structure. These naturally arising discrepancies, however, are often seriously exacerbated by the pressure of a warped system of law, religion and social conventions. Such pressures sometimes create problems and grave moral conflicts where none existed to begin with.

Sexual drives have for centuries been the favorite stamping ground of moralists. Ascetic movements, especially, have often centered their attentions here. In some personalities this becomes a simple trick that puts the brakes on sexuality while stimulating sadistic aggressiveness all the more powerfully and under the skillful camouflage of a moral pretext. It must be made clear that when we speak of moralists here we do not mean the wise, mature, chosen guardians of popular morals, but people whose moral sense suffers from hypertrophy. The critical scientist has frequent occasion to observe that legislation, custom and religion carry a heavy moral accent in the sexual sphere. From the medical point of view sexuality on its own has as little to do with morals as respiration or heartbeat. For mature, thinking people it is ethically delimited only by the same standards that should govern all human activity: inherent honesty, tact and consideration for others. We shall call these simple guides that should always be taken for granted the "inner law." It does not necessarily coincide with the accepted morals of society, and the conflicts to be solved in the treatment of neurosis do not, therefore, solely concern conflicts among different instinctual components within the same personality, or conflicts between such components and the total personality. They concern, in addition, conflicts between the outer and the inner law.

Eroticism is neither a virtue nor a vice. It is a risk. All powerful forces entail such risks when they are unleashed. The finest and most exalted things can be attained only when much is staked. Is that reason for not daring? In marriage and out-and beyond other conventional relationships, too-it is true that at its best love between a capable man and a loveable woman makes both better, comelier, more alive, enhances and ennobles their vitality and creativeness, as long as it does not violate the inner law and there is enough strength to fend off outward difficulties. Yet virtue in the conventional sense is sometimes little more than fear of dynamic forces. In this area society still tends to follow the ancient taboos that deal with all strongly affective people and things as though they were hightension wires.

Does this mean that conventional morality is false? Frenzied young poets are fond of making this assertion, but it ill accords with scientific modes of thought to deprecate a priori great sociologic phenomena as synthetic and accidental, arbitray and insignificant. This is especially true of such things as collective norms of morality which have taken root and grown over the centuries. The scientist looks on them as though they were plants, phenomena whose vital laws must be studied and grasped. At best only that can be improved which has first been understood.

"MORALITY IS INSTINCT"

Collective moral tradition closely resembles instinct. In a lecture, years ago, I put it in concise form: "Morality is instinct." This was meant more as a comparison than an equation. It was said at a time when it was important to defend plain popular morality against the inroads of heedless pseudo biologism. It is not well known that Schiller, from the purely idealistic side, described the religious and moral inhibitions of unspoiled natural man by that same biologic term: "the loving admonition of devout instinct." Collective moral tradition is in part the residue of ancient experience of

the race as a whole. Like instinct it has a certain rough-and-ready, over-all purpose-fulness while being at times ill-adapted, if not destructive, to atypical situations and individuals. This is the sort of thing we face daily in the consulting room. "Can I marry?" "Shall I get a divorce?" "Should I take a mistress in addition to my wife?"

Those who stray beyond the pale sometimes find a greater opportunity, even in the moral sense, if they only remain true to the inner law. If they are valiant and highminded we should not debar them, but they should know that the expenditure of energy will always be much greater.

With most neurotics who present themselves in the consulting room, this approach will result in a clear-cut decision. Most people are so footless and shaky that the experienced gardener does well to tie them to a firm stake at once. This means the fixed social forms and conventions that have come to be accepted in society. The average man is best rooted in occupation and domesticity, glancing neither to the right nor the left. We know that otherwise he will cause only mischief and tragedy.

It is precisely the physician who has seen so much and thought so deeply that he does not cling anxiously to convention who will usually acknowledge the soundness of the traditional social order. He will speak of it with respect and hesitate to tear it down before his patients. But he will deal with it freely, leaving himself leeway for atypical situations and individuals.

Here is an insoluble paradox. Every admission of special circumstances tends to loosen the restraints that apply to the average man, yet their uncompromising denial inevitably leads to the travesty of Victorian morality. Neither physicians nor the most seasoned minister is likely to find the perfect solution.

THE INNER LAW

Lofty ideals can be held out only to lofty personalities who are able to keep their instincts in balance and observe the inner law that must govern all our actions. The great Europeans of the Eighteenth century are an example. They were as remote from cynicism as from prudish restraint. They reserved a smiling tolerance for the petty foibles and pleasures that exercise the moralists, while making austere demands on themselves in many matters the moralists think of small consequence. The bipolarity of instinct and temperament dictates a sure balance of personal attitude rather than the rigidity of frozen principles. It is this balance that underlies warmth, serenity and animation, that creates the capacity to love in high-minded personalities of which they should never be ashamed; and it is these fine dynamic nuances that permeate the lofty mind with their delicate moral and esthetic values, for harmony is a biologic as well as a moral and esthetic principle. True, even when the biologic underpinning is in harmony, moral values do not grow by themselves, as was once erroneously believed, but once they are planted, they grow readily and without frantic effort, easily and naturally like plants.

A firm moral structure is the essential inner framework for anything deserving the name of personality. Yet in a fine, well-formed human image we do not care to see the bare bones of the moral skeleton from without. What we want to see is the thriving, burgeoning, vital personality, engaged in rich enjoyment and vigorous action. Cheerful grace belongs on the surface, profundity and the inner law should be relegated to the depths. True, our instincts harbor an underworld of sinister demons, of obscure, archaic nightmares, but they are also the strong inner source of power that bears up the worthy.

Unleashed aggressiveness alone hovers over mankind like a somber cloud. It may yet destroy the world before man is able to tame it. A higher power will decide.

Until then, even in a world seething with folly and malice, even though it be but for the joy of work, we shall as good physicians expand and fortify the precincts of our influence, like islands in the sea. With a little kindness and a little common sense we shall seek to create in our sphere an image of man that is free and upstanding, of man balanced, restrained and with the courage to be himself.

MECHANISTIC AND HOLISTIC THINKING IN MODERN MEDICINE

MEDARD BOSS

In sending us his article, Dr. Boss wrote: "Perhaps it would be possible to add editorially that during the years 1932-33 I was in training at the Berlin Psychoanalytic Institute and there I did supervised analytic work with Karen Horney. From her I received my first impulses which led me to overcome mechanistic thinking and to replace it with a holistic view which since has

developed into my daseins-analytic concept."

Dr. Medard Boss is professor of psychotherapy at Zurich University and Chairman of the International Congress for Psychotherapy, Zurich, 1954. He is the author of several books, among them the following: Sinn und Gehalt der sexuellen Perversionen (American edition published under the title: Meaning and Content of Sexual Perversions, Grune & Stratton, Inc., New York, 1949); Körperliches Kranksein als Folge seelischer Gleichgewichtsstörungen, and Der Traum und seine Auslegung all published in German by Hans Huber Verlag, Berne, Switzerland,

THERE is still a widely held belief that I the chaos enfolding us in the beginning was truly dispelled only by science, which alone will ultimately let us see the real order of the world. Actually, a fundamental understanding of world is inherent in the nature of man. Even the child at play has at the very outset access to a world which yields nothing in wealth and fullness to that of the adult. Indeed, the child's fairy world often outstrips in intricacy even the most fanciful cosmologies of modern physi-

The whole history of mankind testifies to a pre-scientific understanding of the world that long antedates science as such, a germinal view of the nature of things, no matter how vague. Later scientific insight and achievement always turn out to be no more than refinements and differentiations of whatever world view prevailed before the coming of science. Conversely, no Weltanschauung is the objective result, so-called, only of scientific research.

The nature of man precludes understanding without prejudice or premise. Hence, it would be foolish to reproach science for being rooted in views that preceded it, in articles of faith. Science, on the other hand, can scarcely reject searching inquiry into the special character of the unideate, unconscious metaphysics or primitive beliefs about the true nature of its objects from which it proceeds, or into the degree to which these approximate the essence of things.

Until recently, the only valid premise for all science and scientific research was the world of technology, which has evolved slowly, inexorably and ever more sharply in the course of the two-thousand-year-old history of Occidental metaphysics. Technologic thought and technologic science stem from the primitive view or faith that the world and all its works are merely an accumulation of objects at hand that mutually affect each other in ways that can be calculated. Everything is seen solely as a matter of cause and effect. Obviously, scientific causative thinking stemming from such a pre-scientific ground will shift the emphasis more and more to the mere effect for its own sake.

Naturally the biologic sciences, too, have been subject to this spirit of technology from which they, indeed, originated. A technologically reasoned biology, however, ordained that all living creatures must be thought of and understood from the dynamic aspect of efficiency which seemed to require no thought or doubt. But as to the questions of the actual nature and being of man and of other living creatures, from which their performance arises—those questions have fallen into oblivion.

In technical therapeutics based on such a biology there has been great danger that physicians were chiefly concerned with the greatest degree of restoration of health—health being the most efficient state of the organism. At least they have been intent on alleviating as much pain as possible, at any cost, since pain serves only to interfere with normal human behavior and efficiency. The true essence of human sickness and the depths which pain always reveals—these are matters that were necessarily and utterly inaccessible to technologic thought.

To be sure, purely on its own terms, somatic medicine was able to score impressive therapeutic gains. On the one hand, it was able to visualize organisms in a more and more intricate pattern as interlocking mechanisms of infinite subtlety. Furthermore, it was able to contrive ever more effective modalities of its own, both chemical and physical. With the help of these it was capable of eliminating—accepting for the moment its own frame of reference—a great many etiologic factors within the organism.

THE DEBT TO SOMATIC MEDICINE

We are indebted to the discoveries of somatic medicine for the fact that today we are able, for example, to master with ease epidemics that were once devastating in their effects. Almost every day the physician, thanks to the aids made available by

somatic medicine, is able to score individual therapeutic successes of which he could scarcely have dreamed not so very long ago. In my own experience, for example, there was a young man who would have become a hopeless cripple if his serious accident had occurred prior to the time that surgical techniques were able to effect large-scale bone transplants. Another patient, with a severe gastric hemorrhage from an ulcer almost perforating into the peritoneum, would have been lost altogether without the technical skills of modern surgery. A third patient suffered from severe hypertension, a disease that today constitutes perhaps civilized mankind's principal and most devastating affliction. He too would have been doomed to a certain death within a matter of weeks, had not a surgeon performed an extensive sympathectomy and a frontal lobotomy. I cite, finally, the case of a twelveyear-old boy, suffering from status asthmaticus of the most serious degree. He, too, could have scarcely been saved but for the fact that the role of the autonomic nervous system in this condition is known and he could be treated with modern cardiac drugs.

It is widely felt that technical achievements in general are not an unmixed blessing. So, too, technical progress in the field of medicine fails to satisfy us altogether. Indeed, it seems almost as though these achievements of medicine serve only to lay bare a host of new and thoroughly alarming medical problems. Even now, scattered voices are heard to express doubts as to the real utility of measures calculated to prevent epidemics. Why all the public health work, one hears, by no means in a minor key, when the deadly pathogens science can eradicate today merely give way to outgrowths of that same science, both in the military and civilian spheres, which can decimate and destroy the population just as effectively? Physicians throughout the world are baffled, moreover, because despite the advances in medicine and therapy that have extended the life span, the total volume of illness does not seem to decline. True, diseases that once accounted for the preponderant share of human morbidity can now be largely controlled by medicine and surgery. But they have been merely outstripped by entirely new diseases, not only percentagewise, but in absolute figures as well. Thus, the achievements of somatic medicine seem to have resulted chiefly in a vast numerical shift among the various groups of diseases.

Perhaps we had best keep hands off these vast general problems that torment mankind. They serve merely to highlight the inadequacy of our present-day intellectual resources. Let us rest content with the simple, concrete case histories I just cited as astonishing successes of scientific medicine. Here, too, a closer look confronts us with additional difficulties that may mystify us more than we like.

ACCIDENT-PRONENESS

Let us revert to the patient who recovered from a serious accident with the aid of osteoplasty. Following him up for only a short space of time, we find that within half a year of his bone repair he again broke a leg. Three months after he had recovered from this accident, he suffered a broken collarbone. A review of his history showed that even prior to the emergency that required a bone transplant he had been involved in no less than six serious accidents. There can be little doubt that he belongs to the large category of patients for whom American medicine has devised the term "accident-prone." 1 Accidents were once regarded as the very epitome of chance, due entirely to random action. Careful study of thousands of patients coming to the emergency wards of our hospitals has taught us otherwise. They have shown that more than half of these patients are veterans of surgery, just like the case cited. Time and again they were involved in accidents, while their fellows working beside them, encountering the same hazards went scot free, or nearly so.

When behavior and motivation of the accident-prone are carefully checked against

the average, it is clearly established that from early childhood they live in a state of accentuated tension with respect to their environment. They show a marked tendency, moreover, to break away impulsively from the tense ties and relationships that bind them to their fellows. To cite but one significant criterion revealed by large-scale statistical studies, adultery and divorce among the accident-prone lie substantially above the mean.

Just when do these people suffer their frequent fractures? Our patient supplied an answer that is quite typical of his fellow sufferers. His accidents always came when he was involved in a serious conflict from which he could see no way out, from which he could escape neither by conventional means nor by bursting the bonds of his tension-laden relationship. There was nothing left but to resort to unconscious slips for discharging his explosive aggressiveness on his own body. Such people often tend to rend their own tissues in lieu of the intolerable ties to their environment. It is now ten years since this particular patient has been rid of his tensions, with the help of psychoanalysis. He was attuned to a more placid mode of life and has suffered no further accidents.

ANALYSIS OF ULCER PATIENT

The patient saved from an almost fatal stomach ulcer by last-minute surgical intervention came under psychoanalytic care because within half a year of the operation the unresected portion of the stomach again showed a preulcerative condition. Insight into his personality was readily gained by observing his behavior in the so-called "Sceno Test." The materials consist of a set of simple children's blocks, together with flexible figures of people and animals. It is well adapted to testing adults as well as children. The subject is requested to imagine himself a stage director and to arrange the materials into whatever family situation may occur to him. The scene our ulcer patient constructed may be represented as follows:

In one corner of the room, off by itself, stands a bassinet. In it lies a baby, scream-

¹ F. Dunbar: Medical Aspects of Accidents and Mistakes in the Industrial Army and in the Armed Forces, War Medicine, Vol. 4, 141,

ing and kicking. Neither nursing bottle nor clean diapers quiet him. In the patient's words, he is miserable because no one comes to pick him up and fondle him. The mother is frantically sweeping the floor in another corner of the room. The father is austerely lecturing an elder sibling, his finger pointing. He is admonishing the child that only hard work and application can result in outstanding achievement.

Dozens of the patient's dreams, always dealing with the same frustration, subsequently confirmed that the subject of the scene was neither casual nor accidental. And whenever it has been possible to illuminate adequately the personality of ulcer patients, they are seen to be the children of parents who forever held up to them the need for drudgery and hard work, who deprived them of warmth and security, who failed to gratify their need for love. This unsatisfied "hunger" proves time and again to have attuned the whole life of the patient to a sense of ravenousness in general. This physical resonance to the mood of hunger entails, above all, an enhanced digestive disposition on the part of the stomach. But the deeply displaced hunger for love, demonstrable in all ulcer patients studied with sufficient care thus far, cannot be satisfied by even the most nourishing food. Hence, the stomach's heightened "digestivity" tends to persist. There is convincing experimental evidence today of the degree to which the gastric mucosa, thus "primed" for digestion, is susceptible to ulcer forma-

To be sure, the number of patients studied with the aid of depth psychology is as yet too small to permit a general statement that all stomach ulcers are a hyperactive response phenomenon to ungratified "hunger" for love. But the proposition must be considered unrefuted until all patients are so studied, unless a toxic cause or brain damage sufficient to account for the ulcers is clearly established.

ANALYTIC AID FOR A HYPERTENSIVE

In the dangerously hypertensive patient, neurosurgery was able to arrest the rapid progress of arterial spasm. The patient survived, but neither his blood pressure nor his subjective symptoms regressed. When his emotional life was studied more carefully, he was seen to have suffered all his life from a vastly exaggerated sense of duty, grown to the proportions of a full-blown compulsive neurosis. Loosening the grip of this morbidly accentuated pseudo-moral pressure succeeded where drugs and surgery had failed. His blood pressure fell. Dizziness, headaches and palpitation all disappeared.

All hypertensive patients studied in this fashion so far have been shown to be living in a straitjacket of discipline. Sometimes this discipline is imposed from without. Again, the patient may be living under the unremitting pressure and inner compulsion of his own conscience, goading him on to perfection and the uncompromising fulfillment of duty. Hence, the frequency of dreams in such patients in which they see themselves as superheated boilers, with steam under tremendous pressure hissing from valves and seams. It is precisely this high-pressure relationship with his environment that the hypertensive patient shows through the medium of his physical makeup. An overpunctilious compulsive, he dams up his powerful, expansive vitality behind a thick facade of controlled courtesy, while his bloodstream is exposed to rising pressure within the ever-narrowing confines of a spastic circulatory system. In the end something has to give. In his case, unlike the accident-prone, it is not a broken bone or crushed muscle; an almost invisible blood vessel, hidden deep inside, bursts and gives him some relief from his burdensome existence. The hypertensive, concealing and containing his tensions incomparably better than the accident-prone, suffers far less than his proportionate share of outward, visible, physical accidents in the traditional

As for the boy who was suffering severely from asthma, somatic medicine had been able to establish a number of significant pathologic findings. He showed the typical blood changes; the bronchial walls were already thickened from chronic inflammation; patch tests confirmed marked allergy to certain kinds of dust. But here, too, the Sceno Test revealed matters of a different kind.* At play the boy produced the following constructions:

The first scene was dominated by an inordinately strict, unloving and imperious mother. As her symbol she brandished a carpet-beater. In the best drill-sergeant fashion, she was holding in an attitude of frozen attention a group of four cows, separated from her by a low wall.

A few days later the lad constructed a second scene, showing his mother in the process of being killed in an automobile accident. He himself, he said, was inside a church, praying that God might give him back his mother. But God would not listen. The boy felt abandoned by all the world. In his despair, he would have liked to upset the crucifix but for the horror that petrified him.

FEAR IN ASTHMA PATIENTS

Paralyzing fear dominated this boy's world. First it is nature-in the form of the cows-that grows paralyzed with fear of the stern, heartless, punitive mother image, a travesty of comforting maternal love. Next, he himself stiffens in fear, because his whole world-still almost entirely a parental world for a boy of his age-has been destroyed. The mother image, warped into a terrifying idol in the first scene, has now vanished from his world in a single cataclysm. Even God-the father image in his world-offers him not the slightest support. The boy happened to be unusually sensitive, and the atmosphere of his home soon made it clear why and how his relationship with his environment had been distorted by fear.

These findings have been confirmed in all asthmatic patients studied thoroughly enough, whether or not allergy could be demonstrated. Their whole life was found to be rooted in abysmal fear. Such a disposition turned the world of this boy into one of intolerable irritation, fraught with danger, haunted by powerful enemies and de-

There seems to be no alternative to considering the sufferings of this boy-like the asthmatic symptoms of all patients studied by an holistic approach—as the embodiment of choking anxiety, as a fear-induced bronchial spasm, a neurotically determined suffocation, and paralysis of respiration in response to influences that seemed to make his very existence impossible. Existence means to have meaningful relationships with things and people in the world. Fear and terror literally displace the individual into nothingness, choke off all his relationships, throw him back entirely on his own resources, shut him in completely until he is, in every sense, unable to draw breath.

True, this does not render any less real the vegetative and metabolic processes somatic medicine has found to play a part in asthmatic attacks. But one can no longer look to them to explain the true nature and etiology of asthma. They can be accounted no more than the special ways and means by which the business of being alive -barely alive—as a human being in the world is expressed in bodily phenomena under certain rather clear-cut circumstances.

THE ARGUMENTS AGAINST

Arguments against this view usually take four forms. It is pointed out, first of all that many hypertensives, far from making a tense or oppressed impression, seem unusually calm. Many ulcer patients, too, are cheerful and well-adjusted, while many asthmatics have no experience whatever with exaggerated anxiety or a sense of utter helplessness.

In the second place it is argued all people have conflicts to master, suffer frustrations and unquenched yearnings, and are subject to emotional upsets without necessarily be-

structive forces. Drugs and "changes of air" were powerless to cure him of his dangerous affliction. He was rid of it only when he was removed from his insecure, unsheltered home and reattuned to a world of maternal warmth and security. Within a matter of weeks all traces of asthma had vanished, although a continuing allergy to dust even in the new environment testified to the persistence of his hypersensitivity.

^{*} Case history through the courtesy of Dr. Von Staabs, Berlin.

coming accident-prone, getting stomach ulcers, having high blood pressure, or lapsing into asthma.

A third criticism reproaches us for stretching the psychogenic component, making a fetish of it. They charge us with seeking to explain too many physical ills psychogenically, with unduly restricting their somatogenic component.

Finally, psychosomatic investigators are persistently accused of failing to provide conclusive statistics about their findings and results.

In response to the first objection it can be pointed out that the chronic disorders illustrated in our case histories do not usually lie on the surface. On the contrary, these derangements are often so carefully concealed behind a facade giving a diametrically opposite impression that it may take months, if not years, of psychoanalytic spadework-almost in the archeologic sense -to bring them into the full light of day. It could not be otherwise because of the fact that these patients, owing to their special life disturbances, are prevented from expressing themselves in customary and open ways. They are unable to maintain conscious relationships with the world and its people, either emotionally or intellectually, and bog down in their own bodily manifestations, which become inflated and distorted into morbid symptoms.

This also serves to turn back, in part, the second objection. What matters is not whether a person experiences conflicts and upsets in the first place but rather the manner and medium in which he projects his existence—against an environmental frame of reference, for example, by means of conscious acts, or entirely within the unconscious sphere of his own body.

The third objection, overemphasis on psychogenicity, seems to miss fire at the very outset. Our view of disease is never concerned with the causal derivation or explanation of any phenomenon from another set of data. Such terms as "psychogenic" and "somatogenic," used so widely today, always seek to fix "psyche" or "soma" as the locus where the cause of a disease is to be found. Once body and mind are

viewed merely as media through which man exists, such coordinates become as useless as shifting sands. To serve as a medium through which a phenomenon may appear has nothing to do with etiologic theorizing. The essence of all phenomena, in health as in disease, is the undifferentiated reality that underlies physical and psychic events alike—human existence, incapable of being conceived in objectifying terms.

STATISTICS ARE MECHANISTIC

The final demand, for statistical evaluation of our findings, must be characterized and rejected as a dangerous mechanistic temptation. Statistics is the method of mensuration par excellence. It seeks forever to reduce all phenomena to common denominators and comparable general categories. But psychosomatic medicine is intent upon illuminating physical illness as a deviant expression of modes of human existence. It always deals with the unique structure of an entire human life history. The historic structure of an individual existence, however, cannot be broken down without crippling violence. Even less can any of its fragments be numerically compared with those from other lives. Once psychosomatic medicine surrenders its findings to the method of statistics, the child of the technologic spirit, it abdicates its scientific autonomy and discipline and betrays itself.

If, on the other hand, our experiences, especially with respect to diseases that even today numerically overshadow all other human suffering, can be neither disputed nor deprecated, then they can scarcely remain without substantial effect on medical thought and action. For they teach us that traditional technologic medicine does not reach far enough, even in many practical therapeutic respects, and that it is incapable of grasping certain essentials of human illness. Indeed, it carries the danger of covering up these essentials and keeping them hidden. In the case of our accident-prone patient, for example, modern surgical skill created the temptation to rest content with mere repair of the bones he kept on breaking instead of getting at the root of his illness—his tense and aggressive personality.

PHYSICAL CONCEPTS INADEQUATE

Why, then, are physical concepts alone inadequate in human therapy? Because even in his capacity as a patient, man reveals himself to be something more than an object that can be manipulated and whose reactions can be calculated by anticipation. As our few examples have illustrated, a closer look reveals him to be anything but a mere object at hand. So little does this description fit that he exists, on the contrary, entirely in his intangible relationships with the things and people of the world. He is in the nature of a light which illuminates things; or a melody that causes things to resonate-all according to the hues of the light and the pitch of the tune. As for his physical being with all its animal, vegetative and hormonal mechanisms, it is one of the media through which this light must project itself, if it is to reach the world.

There are many who will be inclined to deny these formulations any cognitive value and medical sense, characterizing them as unscientific romanticism. But has it been firmly established that the vision of someone other than a creative artist is capable of perceiving fully the true essence of a work of art, let alone a man? What if language closely related to poetic diction were indispensable for a natural science of man, to the extent that such a science has any adequate knowledge of his "nature" to convey? In any event, it is always man's disposition, like the hue of the light, in accordance with which his world is opened and illumined. It is always this disposition, with its temporal variations, that determines at the outset the special spatial and temporal features of his world, the choice and tinge of his Weltanschauung. In a mood of hunger, for example, a man may perceive things and fit them into a frame of reference in a fashion quite different from his responses in a mood of anxiety or in the happiness of being in love.

What would all this new insight have availed us, after all—in the case of our hapless accident-prone, our hypertensive, our ulcer patient, our asthmatic boy—if the resources of somatic medicine had not first enabled these patients to survive? It is to such physical intervention alone that we owe the opportunity for healing them from the depth of their being. Nothing could be more absurd than to seek to tear down the technical achievements of medicine.

THE WILL TO HEAL

What is true is that our insight into the nature of bodily phenomena, into the human character of illness, in many cases relegates mechanistic thinking and technical manipulation in therapy to the status of a merely preliminary service. For we cannot yet tell to how many diseases, and which ones, the principle now enunciated will be applied. It is certain even today that most people fall critically ill only when they or others make it impossible for them to realize themselves according to their own conscience, in all its appropriate interpersonal and environmental relationships. Since this is true, no physician can look on himself as being nothing more than a mechanic whose job it is to repair body machines or technical apparatus. The will to heal, like all medical thought and action, must, henceforth, from the simplest surgical intervention all the way to the technique of psychoanalysis, be motivated by the desire to pave the patient's way toward his full realization as a human being. The medical mechanics and engineers of this machine age of medicine, just now in decline, are visibly turning into a new type of obstetrician. In the broadest sense, however, this medical obstetrics no longer limits itself to assisting man's physical birth. It focuses on the life-long process of birth by which man's essential nature seeks to unfold from within himself, to be realized in the fullness of all his commissions and omissions and thereby preparing him to accept death in good grace.

KAREN HORNEY HER EARLY PAPERS

FREDERICK A. WEISS

CIENCE has often found it fruitful to look at long-familiar facts from a fresh point of view. Otherwise there is a danger that we shall involuntarily continue to classify all new observations amongst the same clearly defined group of ideas." This statement by Karen Horney expresses the spirit of sincere acceptance and creative reevaluation of previous observations which have characterized her work from the beginning. The study of her early papers provides a fascinating experience. It means participating in that process of constructive questioning which is the status nascendi of any pioneering step in the development of science.

Looking back on her very first paper, "The Technique of Psychoanalytic Therapy," written in 1917, we can already discern beginnings of the new ways which in the subsequent thirty-five years led her, step by step, to a creative reformulation of the meaning and structure of psychoanalysis.

UNITY OF THEORY AND THERAPY

"The analytical theories," Horney states, "have grown out of observations and experiences which were made in applying this method. The theories, in turn, later exerted their influence on the practice."

This emphasis on the basic unity of theory and practice prevented Horney's work from getting lost in ideological speculations and always kept her close to the fertile soil of human experience. At the time this paper was written the evolution of psychoanalysis had led to the abandonment of three earlier concepts:

- Psychoanalysis was no longer a merely symptomatic theory concerned mainly with searching for the emotional trauma in the past.
- 2. In contrast to its earlier stage, still influenced by having derived from hypnosis, psychoanalysis abolished the use of suggestion, including any kind of do's or don'ts.
- 3. Its indications were constantly growing broader.

Horney reviews the main roads that lead to the unconscious motivation: following the "basic rule," using free associations, dream interpretation, symbolism, slips, and the observation of psychosomatic symptoms which occur during the analytical hour. But she immediately emphasizes that discovering the unconscious motivation represents neither the main difficulty nor the main task of therapy. "Even presuming that I could completely interpret the patient's entire emotional life," she writes, "that in itself would not help him one step forward. This may be imagined as though the patient had locked up his unconscious drives like strange animals, behind a high wall, beyond which he can no longer look. He no

Dr. Weiss, a practicing psychoanalyst who received his M.D. from the University of Berlin in 1926, is President of the Association for the Advancement of Psychoanalysis. He is a fellow of the American Psychiatric Association, on the faculty of the American Institute for Psychoanalysis and is a lecturer at the New School for Social Research.

longer knows these animals, but their noise disturbs and frightens him." What the patient needs is help in gradually breaking down this wall. Then he can grow aware of these drives, up to now unknown to him, and can consciously face them, accept or reject them.

"BLOCKAGES FIRST"

Horney considered the breaking down of this wall a main task of therapy, just as thirty years later she emphasized in her lectures on psychoanalytic therapy: "Blockages first!"2 Blockages include anything that interferes with the progress of analysis, such as coming late, missing sessions for insufficient reasons, complete lack of associations or dreams, or such an over-abundance of dreams that reporting them takes up the whole hour. Or, the patient may use half of the hour for complaints that he is making no progress, instead of using the time for analytical work; or he may suddenly talk about the furniture of the office or may try to involve the doctor in critical discussions of psychoanalysis. The patient must be helped to become aware that a blockage exists, and it is necessary to uncover its cause which may be connected with the material that came up in the analytical hour, or with the development of the analytical relationship.

NOT ADVICE, BUT ANALYSIS

Often the patient asks for advice. The analyst, however, knows that conflicts cannot be understood without exposing the underlying unconscious drives. Horney stresses that the analyst renders a much greater service to the patient if he confines himself to clarifying the motivations that compel the patient to make this decision or that, thus enabling him to be the active agent in his own decisions. Among the therapeutic factors mentioned are: the analytical relationship, the gradually growing interest in the analytic process, and the wish to be relieved of the suffering caused by the neurosis. A retarding force may be the gain derived by the patient from his neurotic suffering, for example, in the case

of a woman who uses her suffering to force her inconsiderate husband to treat her with greater consideration.

As for the timing of interpretations, Horney suggests waiting until a good analytical relationship is established and the patient has come close to the insight himself. The patient may respond to an accurate interpretation in very different ways. Immediate insight may take place, accompanied by a feeling of relief. A symptom may appear, change, or disappear during the hour. Or, the first reaction of the patient may consist of a conscious denial, while simultaneous associations might nevertheless lead him to the pertinent insight.

The analyst is in need of continuous selfanalysis, particularly regarding countertransference reactions which occur in him during the analytic hour.

POTENTIALITIES AND LIMITATIONS OF ANALYTIC THERAPY

The paper ends with reflections on the potentialities and limitations of analytic therapy: "Psychoanalysis can free a human being who was tied hands and feet. It cannot give him new arms or legs. Psychoanalysis, however, has shown us that much that we have regarded as constitutional merely represents a blockage of growth, a blockage which can be lifted."

This formulation reveals two basic attitudes which characterize Horney's approach to therapy: freedom from magic expectations, but faith in the constructive forces of man. She opposes an outdated, static concept of an unchangeable constitution from which so much therapeutic pessimism originates. Leaders of contemporary dynamic psychiatry reaffirm this view. Whitehorn, for example, states: "'Constitutional' consideration has sometimes been urged as an a priori reason why psychotherapy would be futile. On the other side . . . one finds evidences of assets and capacities constitutionally determined, which have remained unutilized or fallen into disuse until evoked by psychotherapy."3

ON COMPULSION NEUROSIS

"Research has at all times been greatly endangered by the tendency to cover up real gaps in knowledge by the suggestion of pseudo knowledge, thereby blocking the path to true insight." With this admonition Horney approaches the "specific problems of compulsion neurosis in the light of psychoanalysis." 4 She rejects the then prevailing concept that the specific characteristics of compulsion neurosis consist of the compulsive repetition of certain thoughts or actions, since this symptom also occurs in many other conditions, for example, in the stereotype pattern of schizophrenics; and she rejects Freud's mechanism of repetition compulsion⁵ as the explanation for its dynamics. The concept of repetition compulsion, characterized by Freud himself as hypothetical, must always be suspected as serving as a convenient substitute for a genuine explanation. The basic role of anxiety, while undeniable in compulsion neurosis, is by no means specific. It is rather surprising and significant, however, that anxiety here hardly appears in manifest form. More important is the existence of strong, aggressive, destructive impulses which here-in contrast to hysteria-are not accompanied by simultaneous love impulses. The hysteric can also discharge many of his forbidden impulses through sensory or motor pathways (hysterical fits, conversion phenomena) thereby finding, time and again, relief from the onrushing impulses. The compulsive neurotic, however, knows no such relief. The road which leads to motor discharge-impulse, thought of action, action-is, as a rule, cut off before the action. The compulsion neurotic gets stuck in thinking. The immense danger of the naked, unadulterated destructive impulses, force him to restriction of all real activity. What is the result? The entire energy, which otherwise is transformed into action, is here thrown back to the preparatory stages: impulse and thought of action. The will and thought processes thereby become so greatly intensified that in the self-perception of the patient they acquire a magic power, in the

face of which his intellectual insight proves powerless.

THE MAGIC OF THOUGHT

The magic of thought, co-existent with an otherwise sound intellect, is perhaps the most conspicuous feature of compulsion neurosis. Thoughts and impulses thus acquire the characteristics of reality. The blocking of action, therefore, proves to be an inadequate defense because in the subjective experience of the compulsion neurotic thinking itself generates dangerous magic effects. Rigid constraint alone, the patient feels, can prevent this threat which originates in himself. Thus compulsion, the mechanism which provided the name for this emotional disturbance, actually proves to be only a secondary reactive phenomenon. The patient apparently must fight on two fronts. On the external front he has to prevent destruction by counteracting in magic ways the magic effects caused by him. On the internal front he must fight his own guilt feelings.

The treatment is difficult. The hysteric patient takes his affects to the physician whose task is limited to interpreting them. The compulsive neurotic, however, refuses to let himself be driven out of the sanctuary of the merely rational. Horney considers it particularly characteristic that the compulsive ideas or impulses appear dissociated from emotional affect, so that it becomes possible for the patient to experience them as something alien which forms no part of him. The patient may tell you how he will poison, smash or choke you or others, but when you point to aggressive impulses in him he will assure you that he is not aware of them.

Horney's emphasis on the decisive role which the process of dissociation plays in compulsion neurosis is shared by contemporary authors such as Alexander and Shapiro⁶ who state: "The objectionable ideas are de-emotionalized; they appear disconnected and almost as abstractions, like foreign bodies for which the patient does not feel responsible."

In her first paper on the psychology of women, "On the Genesis of the Castration Complex in Women," which was delivered in 1922 at the Seventh International Psychoanalytical Congress in Berlin, Horney summarizes Abraham's view concerning penis envy and castration complex and challenges the underlying thesis.

"The assertion," she says, "that one-half of the human race is discontented with the sex assigned to it and can overcome this discontent only in favorable circumstances is decidedly unsatisfying not only to feminine narcissism but also to biological

science."

ELEMENTS OF PENIS ENVY

While in this early paper penis envy and castration complex are still considered significant in the development of character and neurosis in women, Horney denies that penis envy is a primary phenomenon. "The little girl's sense of inferiority is . . . by no means primary but it seems to her that, in comparison with boys, she is subject to restrictions as regards the possibility of gratifying certain instinct-components which are of the greatest importance in the pregenital peri 'd."

From the point of view of a child at this stage of development, little girls are at a disadvantage, compared with boys, in respect of certain possibilities of gratification. Horney refers to the desire to urinate like a boy. Fantasies of omnipotence are more easily associated with the jet of urine passed by the male. Important, too, is the fact that "just in the act of urinating a boy can display his genital and look at himself and is even permitted to do so, and he can thus in a certain sense satisfy his sexual curiosity, at least as far as his own body is concerned." Finally, Horney believes that a third element in the so-called "penis envy" may be suppressed onanistic wishes connected with the mostly unconscious idea that the fact that "boys are permitted to take hold of their genital when urinating is construed as a permission to masturbate."

In the genesis of the castration complex in women, Horney considered more important than penis envy the "fantasy of having suffered castration through the love relation with the father . . . it is wounded womanhood which gives rise to the castration complex . . . a highly important piece of repressed womanhood is most intimately bound up with the castration fantasies."

THE INHERENT VALUE OF WOMANHOOD

This paper still reflects the full impact of the libido theory, but seen historically it is the first publication in which she rejects the concept of a primary penis envy and emphasizes the value inherent in womanhood itself. "When she reaches maturity, a great part in sexual life (as regards creative power, perhaps even a greater part than that of men) devolves upon a woman."

Using still the limited sex-centered symbols of penis envy and castration complex, this paper, translated into holistic terms, contains the beginnings of the dynamic concept: it is the rejection of her total self, her sexual role and her creative power which impede the healthy development of

the woman.

During the following years the spirit of constructive and courageous questioning grew stronger in Karen Horney. She began to ask herself whether perhaps the source material on which psychoanalytic research had hitherto been based might have been not fully representative. "Till quite recently the mind of boys and men only was taken as the object of investigation." Might this fact not have led to a more or less masculine psychology and a one-sidedness in the analytical approach to the study of feminine development? With these questions in mind she writes her paper on "The Flight from Womanhood."9

A fresh point of view was needed. "The new point of view," Horney states, "came to me by way of philosophy in some essays by Georg Simmel." According to Simmel, the very standards by which mankind has estimated the values of male and female nature are "not neutral, arising out of the difference of the sexes, but in themselves essentially masculine. . We do not believe in a purely 'human' civilization, into which the question of sex does not enter, for the very reason that prevents any such

civilization from in fact existing, namely the (so to speak) naive identification of the concept 'human being' (Mensch) and the concept 'man' (Mann), which in many languages even causes the same word to be used for the two concepts . . . This is the reason why in the most varying fields inadequate achievements are contemptuously called 'feminine,' while distinguished achievements on the part of women are called 'masculine' as an expression of praise." Could it be that the psychology of women hitherto was also influenced by male viewpoints and male wishes, wishes to which women adapted themselves "as if their adaptation were their true nature"? How far has the evolution of women, as depicted by analysis, been measured by masculine standards and how far therefore does the picture perhaps fail to present the real nature of women? "The present analytical picture of feminine development . . . differs in no case by a hair's breadth from the typical ideas which the boy has of the girl." (See outline below.)

The existence of this over-exact agreement is certainly no criterion of its objective correctness or falseness. The analytical ideas of feminine development are derived from research and, Horney says, "analytical research has always been founded upon the sure ground of experience . . . but all experience by its very nature contains a subjective factor. Thus, even our analytic experience is derived from direct observation of the material which our patients bring to analysis in free associations, dreams, and symptoms, and from the interpretations which we make or the conclusions which we draw from this material. Therefore, even if the technique is correctly applied, there is in theory the possibility of variations in this experience."

Up to now, the genital difference between the sexes has been made the cardinal point in the analytic conception, but the other great biological difference has been left out, namely the different role in the function of reproduction. According to Ferenczi¹¹ the woman lacks any real primal impulse to coitus, or at least she is debarred from all direct fulfillment. Only indirectly she obtains a certain fulfillment, partly by the roundabout way of masochistic conversion, and partly by identification with the child she may conceive. These, however, are considered "compensatory devices."

The Boy's Ideas

Naive assumption that girls as well as boys possess a penis.

Realization of the absence of the penis.

Idea that the girl is a castrated, mutilated boy.

Belief that the girl has suffered punishment which also threatens him.

The girl is regarded as inferior.

The boy is unable to imagine how the girl can ever get over this loss or envy.

The boy dreads her envy.

Our Ideas of Feminine Development

For both sexes it is only the male genital which plays any part.

Sad discovery of the absence of the penis.

Belief of the girl that she once possessed a penis and lost it by castration.

Castration is conceived of as the infliction of punishment.

The girl regards herself as inferior. Penisenvy.

The girl never gets over the sense of deficiency and inferiority and has constantly to master afresh her desire to be a man.

The girl desires throughout life to avenge herself on the man for possessing something which she lacks.

CREATIVE EXPERIENCE OF MOTHERHOOD

"At this point," Horney writes, "I, as a woman, ask in amazement, 'And what about motherhood? And the blissful consciousness of bearing a new life within oneself? And the ineffable happiness of the increasing expectation of the appearance of this new being? And the joy when it finally makes its appearance and one holds it for the first time in one's arms? And the deep pleasurable feeling of satisfaction in suckling it and the happiness of the whole period when the infant needs her care?"

The desire to be a man, familiar from the analysis of adult women, has only very little to do with primary penis envy. "It is a secondary formation, embodying all that has miscarried in the development toward womanhood." In this statement Horney already indicates her basic concept that the capacity for growth and self-realization, which includes the acceptance and realization of the sexual role, is inherent in human beings and that only interference with this self-realization leads to neurotic disturbance.

In this paper Horney goes so far as to state: "From the biological point of view, woman has in motherhood, or in the capacity for motherhood, a quite indisputable and by no means negligible physiological superiority. . Masculine envy certainly serves as one, if not as the essential, driving force in the setting up of cultural values."

Similar views were recently expressed by anthropologists such as Margaret Mead ¹² who speaks of "womb-envying" patterns, and by analysts such as Gregory Zilboorg ¹³ who is "inclined to think that it is not penis envy on the part of women, but womanenvy on the part of men that is psychologically older and therefore more fundamental."

But in the perspective of Horney's total development these early views have to be considered as a kind of antithesis to Freud's thesis regarding penis envy and the "psychology of women." 14 At the time when Horney wrote these early papers, other leading Freudian analysts also experienced healthy doubts concerning these concepts.

Ernest Jones, 15 for example, wrote: "There is a healthy suspicion growing that men analysts have been led to adopt an unduly phallocentric view of the problems in question, the importance of the female organs being correspondingly underestimated."

In her later work, and most clearly in her Neurosis and Human Growth 16, Horney achieved a constructive and holistic synthesis in which the problem of feminine versus masculine psychology becomes part of the basic total problem of healthy human growth. The goal of analytical therapy for women as well as for men is genuine self-acceptance, which includes the acceptance of one's sexual role, and the realization of the inherent potentialities of the real self, which also embodies the capacity for love and constructive interpersonal relationships.

PROBLEMS OF SEX AND MARRIAGE

From feminine psychology, Horney's analytical interest turned to problems of sex and marriage. She refuses to blame "biological" facts for the high frequency of conflicts in this area. Such an approach, followed by some psychoanalysts and philosophers at that time and even today, while ostensibly scientific, is in essence unscientific because it deals with only one factor in human nature and human relationships. neglecting the equally and often more significant psychological, social, and cultural factors. It leads, as I have expressed it, to the biologizing of psychological phenomena, which by necessity precludes consideration of human freedom and responsibility, concepts which have come to be basic in contemporary thought, and particularly in modern psychoanalysis.17

There is no need to assume the existence of biological, innate hate between the sexes, as postulated, for example by Schopenhauer, Nietzsche, or Weininger. The "Distrust Between the Sexes" 18 is a psychological phenomenon which, intensified by social and cultural factors, can be traced to conflicts caused by unconscious needs and fears. Magic expectations of which we are unaware, compel us to anticipate that the partner will fulfill all our needs and wishes,

contradictory and limitless though they may be. "The partner should be strong and helpless, master and slave, ascetic and sensuous. He should rape us and be tender, devote all his time to us and yet be intensely creative." And as long as we believe in the possibility of fulfillment, we invest the partner with a halo of overestimation; we even consider the degree of this overestimation a yardstick of our love, whereas in reality it merely indicates the extent of our expectations.

This process, which Stendhal called "crystallization," ¹⁰ reveals, in my opinion, not only the extent but the specific quality of these expectations. The color of the crystallization reflects the color of the neurotic needs. ²⁰ One partner endows the other with precisely those qualities he hopes to find in him. Any frustration is countered with hostility, which, however, is experienced as coming from the partner. His love, faithfulness or sincerity are doubted. It is this discrepancy between expectations and fulfillment which often threatens the marital and sexual relationship.

In "The Problems of Marriage" 21 Horney continues this trend of thought. Once more she rejects the "biological" explanation that marriage is doomed to decay because living together with one and the same person is bound to lead to routine weariness and dullness in the human, and especially in the sexual, relationship. Those who, like Van de Velde 22, approach the problems of marriage on this level and offer as a solution multiple prescriptions regarding variations of sex technique, must fail because they deal with a symptom only and not with the basic process which produced it.

The emptiness of a marriage is not the inevitable outcome of biological laws, is not due to weariness, but is the result of unconscious forces which undermine its foundation. They are neurotic needs such as the compulsive need for triumph and conquest, or for vicarious glory, or for a maternal or paternal type of protection. Thus the "free" choice of the partner, so called, here becomes the automatic move of a puppet on strings. Sooner or later the frus-

tration of these needs must lead to disappointment and resignation, or rejection.

INNER CONFLICT AND CONTRADICTORY EXPECTATIONS

The dilemma grows worse if needs and expectations are highly contradictory in themselves. Of such contradictions we are usually unaware. "As a rule, we consider ourselves more integrated in our strivings than we really are, because we are frightened of inner conflict and consider it dangerous to our personality or our life." 21 The attempt to solve our conflict through the partner is, of course, doomed to failure.

The ambitious woman who lacks the assertiveness to pursue her dreams of glory on her own expects the fulfillment of her ambition from the husband. He should be more creative and famous than anyone else. But this same woman often cannot accept the fulfillment of her expectations because her own power drive makes it intolerable for her to stay in the shadow of her husband.

The opposite dynamics may lead to a similarly destructive result. The expansive woman, driven by a need for mastery, "chooses" a more gentle, weaker man. But, simultaneously, she feels the need for the strong, more brutal male who overwhelms her. Inwardly, she constantly reproaches him for failing to fulfill both needs, and secretly she has contempt for his weakness.

Similarly contradictory needs are reflected in the inhibited man who, on the one hand, wants the "good" woman—decent, respected, selfless, sacrificial, more or less asexual—symbolized most clearly in the cult of the madonna, but who simultaneously longs for the erotic, flirtatious, sensuous woman whom he can not only love and respect, but also desire and enjoy sexually.

Neither the dulling of emotions nor the interference of a third person causes the decay of a marriage. It is the result of the unsolved inner conflicts which the partners have brought to marriage with them. The chances for success in marriage depend on the degree of integration and of emotional maturity of husband and wife.

In these last two papers the following

concepts are already discernible: inner conflicts and attempts at their solution; the process of externalization; the difference between neurotic pseudo-unity and genuine integration; and, though still only in outline, some of the character types which Horney ultimately developed fully more than a decade later.²³

DOUBTS ABOUT DEATH INSTINCT

When Freud published his pessimistic study, "Civilization and Its Discontents," ²⁴ he stated that man has an innate trend toward evil, aggression, destruction, and cruelty. Horney writes that the manifold evidence of cruel and destructive acts in human history does not prove the innate quality of those tendencies. Accurate study, for instance, would be required to determine under what kind of psychological or social pressure they may have developed.

"I believe," Horney writes, "that the cardinal question is whether really everything that manifests itself as destructiveness, can be essentially derived from a drive to destroy. To clarify this point, we must, first of all, discuss the conceptual distinction between aggression and destruction. It is not by chance, nor looseness of expression, that Freud continuously, couples these two concepts or equates them. The intimate relationship he intends to assign to them is made quite clear by the fact that he conceives of drives for domination, for power, for the mastery of nature, as 'modified and tamed, as it were, aim-inhibited expressions' of this drive for destruction."

"The constructive an aim-inhibited expression of the destructive?" Horney asks, fully aware that she is raising a question which is fundamental in modern psychoanalysis. And she proceeds to answer it: "To be sure, each step in our mastery of nature brings with it a gratification of our sense of power as well. However, aside from the fact that this sense of power might represent an intensified sense of living, the essential motivation for the mastery of nature would seem to originate in hunger, or, to define it more broadly, in those drives which impel us to preserve life and to im-

prove its conditions. . . . Might not all these tendencies be seen as a vital need for expansion of life? Are they not all exquisitely life-affirmative? Are they not clearly precipitates of phylogenetic acquisitions needed for the pursuit and protection of food, of love objects, and defense of the young? It is true that the proverbial lioness turns savage, defending her cub; but are we faced here with malevolence, destruction, and the wish to kill-or with the wish to preserve life and to defend it? That which here leads to the actual annihilation of another living being is without a doubt determined by a drive to live. Moreover, when does an animal attack at all? When it is hungry or when it feels attacked; each time in the service of self-preservation."

PROOF THROUGH ANALYTIC EXPERIENCE

For further proof Horney turns to analytical experience: "It also appears to me that analyses, no matter how deep, do not reveal a different picture either. Certainly, a great amount of rage and many destructive impulses emerge from even the calmest and most 'decent' people. But why, then, do we not shy away from them in horror? Why, despite all this, does our empathy with the patients increase with our understanding? Surely, because we find that all this rage has, or once had, a real cause; that it stems from hurts, for example, from frustrations, and, above all, from anxiety. Our experience also shows us that once these causes are made inoperative, especially when the amount of unconscious anxiety has been reduced by the analysis, these same people cease to be malevolent. Not that they become particularly good, but their unconscious strivings no longer aim at destruction. They grow active, taking up the struggle for life. They are able to question, to demand, to work, and to defend themselves."

MAN INHERENTLY CONSTRUCTIVE

"We are not magicians. Freud himself has always stressed this. We cannot produce by magic constructive, life-affirmative forces that were not there from the beginning, having been merely distorted into rage, destructive impulses, sadism and cruelty under the pressure of anxiety. . . . "25

It is this conviction of the existence and activity of life-affirmative forces inherent in human nature which makes Horney's approach to psychoanalytic theory and therapy essentially constructive. Twenty years later, in one of her last public lectures ²⁶ she reformulated this same basic idea:

"If a tree, because of storms, too little sun or too poor soil, becomes warped and crooked, you would not call this its essential nature. . . Our belief is that the constructive possibilities stem from man's essential nature, from the core of his being, from what he calls his real self. Conversely, we believe that man turns unconstructive or destructive only if he cannot fulfill himself."

Horney never denied the existence of destructive trends. Yet by taking them out of the realm of the more or less immutable, innate and constitutional, she paved the way for the therapeutically and prophylactically decisive question: which changeable, emotional factors in the early interpersonal (familial, social and cultural) environment of the growing child are likely to foster the development of destructive tendencies? Which intrapsychic factors later tend to perpetuate and intensify their power?

These questions Horney began to answer step by step in her later work by uncovering the dynamics of neurotic development. The self which develops in the poor soil of early emotional starvation is bound to be weak. Feeling helpless in a potentially hostile world, the child experiences basic anxiety and responds with compulsive strivings for safety. Lacking genuine acceptance by others, he rejects himself and, in his desperate search for acceptance, begins to form an idealized image of himself with which unconsciously he tries to identify. This neurotic process, set in motion as defense against anxiety and conflict, later proves destructive to the self and to others. Like a malignant tumor, it drains off the energies needed for healthy growth; and interference with self-realization and selffulfillment also fosters sadistic trends which make others mere tools for the gratification of compulsive drives.

With each answer she gave, Karen Horney lessened the dehumanizing power which irrational drives exert on the individual and on mankind. She helped man to regain his self, his freedom and his responsibility.

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THE USE OF THE ANALYTIC COUCH

HAROLD KELMAN

The analytic couch not only has come to symbolize analysis, it has been considered to be analysis. This rigid and absolutistic attitude obtains in the public mind and in the practice of many analysts. For some it is a dictum: no couch, no analysis. Such a dogmatic position is at variance with newer psychoanalytic theory and practice, which regard the couch as another important tool to be used when it can be effective in helping move the analysis forward in a constructive direction.

The analytic couch has a history. Our attitudes are influenced by it. The couch was used prior to Freud and by him as an aid in hypnosis. He continued with it as he developed the method of free association and other fundamental aspects of psychoanalysis. His continued use of the couch was consistent with the passivity of his method and his notions of transference and counter-transference.

That Freud proceded in his investigations as he did is understandable. His method was in keeping with Nineteenth Century notions of science which had deeply influenced him. It required that the experimental situation have as many fixed coordinates as possible and as few variables. For Freud the couch became one of the fixed coordinates. I feel his scientific orientation determined his constant use of the couch much more than his personal feeling that he could not stand patients staring at him all day. He added that it was "the only

method suited to my individuality," and regarding some suggestions on technique, he brought them "forward as 'recommendations' without claiming any unconditional acceptance of them." Such tentativeness and openness reflect the sincere scientist.

Whether we would have come to use the couch had we not inherited it from Freud, I feel is a productive question. Some may counter with: "Freud lived; we have the couch; are we trying to change the past? And besides, you cannot prove what might have been." The fear of posing often unanswerable questions is to me an expression of close-mindedness and of an unhealthy fear of the unknown.

LOCATIONS AND POSITIONS FOR COMMUNING

The use of specific positions and locations as aids for reaching the inner, the spiritual, man have a long history. Christ went into the mountains, Mohammed into the desert and Buddha sat seven days and nights under the Bo tree. To be with oneself to be closer to nature (Thoreau at Walden), to one's deity, or to ponder the great human questions has deep roots.

Just as historical, cultural and religious factors will determine how and where a person will go to commune with himself (the Catholic Retreat), so will they determine the physical positions he will assume while in the process of self-communing. In the Western world, being on one's knees in prayer or prostrate on one's face seems

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"natural," although more frequent in Catholic than in Protestant practices. Throughout the Old and New Testaments and in the Koran, we hear mention of this or that person falling on his face, falling on his knees, or bowing his head in fear or reverence. In the Orient a host of positions for prayer and contemplation are common—prone on one's face, kneeling, sitting crosslegged, or standing. Yogi practices involve a variety of unusual positions. Hindu fakirs assume dramatic ones.

The position assumed and the location used for self-communing or communing with others have varied greatly through the ages. In Greek and Roman times, reclining on couches in the academies, or walking in the olive groves, was common. How many pictures have been painted of shepherd boys communing with themselves and nature while lying on their backs on top of a hill, surrounded by their flocks? The position of Rodin's thinker is well known, as is Michael Angelo's reclining Adam receiving life through his supinely outstretched finger from the Hand of the Lord.

What is everyone out for, and into, with all these positions and locations? To approximate a state of being which will help them attain maximal rest, relaxation and freedom from external distraction-namely, a state which will help move toward as great a degree of innerness, of self-communing, as possible. History has shown that as man has sought spiritual values through self-searching, alone and in groups, he has assumed physical positions that moved from being erect, to being on his knees and ultimately to being horizontal, in the prone or the supine position. Symbolically and intuitively, we could say he was moving closer to mother earth and toward greater humility.

There is much to suggest that the wisdom of his organism moved him in that direction. Physiologically, when we want to approximate a basal state we have our patients recline, in the supine position, alone, in a quiet, dark or dimly lighted room, for a variable period of time, after a night's rest and no breakfast. Variations of this routine are used in order to take a basal metabolic

rate, obtain a basal blood picture, take an electrocardiogram, or an electroencephalogram, a gastro-intestinal or a gall bladder series. When our patients are ill we put them to bed in this same position. When we can, we give them a room to themselves and keep visitors to a minimum.

There is phylogenetic and ontogenetic evidence to support the view that the reclining, supine position is closer to what came first, is more primitive, or closer to our essentialness. The extensor groups of muscles are earlier and more highly developed phylogenetically. Flexor muscles, with their refinements, come later as we go up the mammalian scale. Infants are more comfortable on their backs and only later develop the more subtle use of their various flexor groups.

What I want to show is that as a human being in his self-searching moves toward and deals with the essentialness of his being, he will move into that location-with himself before his God-and into that physical position—commonly horizontal and supine-that is innate and given, imbedded in his genes and can be relied on with certainty and without conscious effort. Also he will move into that state of physical and psychic being that requires the minimum of physical and psychic energy for its maintenance, and leaves for this lifeand-death struggle all immediately available free energy, and all that can be called on in addition, for the great, constructive effort he is making in his own behalf.

To return to the original question: Would we have come to use the couch if we had not inherited it from Freud? I do not see how we could have avoided it if we were open-minded to what our patients were attempting to tell us as they evolved and grew through their analytic work. And this leads to another allegedly unproductive question: Do we feel that the use of the analytic couch will be continued in the future? Some feel that the use of the couch is an artificiality and a heritage which we fear discarding but which in time will be abandoned. It is sufficient to say regarding predictions in psychoanalysis that all we can predict are probabilities. I feel the use of the analytic couch or some equivalent will be with us for a long time to come—as long as psychoanalysis (or whatever it may later be named) continues to be a method of helping human beings find what is genuine and constructive in themselves.

THE COUCH: AN ARTIFICIALITY?

Some regard the couch as an artificiality and an unconventional position; in fact, some go so far as to assert that the analytic situation is artificial and unconventional. They say it is not true to life! If one say artificial then one must ask what premises are being assumed for what is natural; and if unconventional, what premises of conventionality. What comes out of an examination of these assertions is to me a sad commentary on how out of touch so many people are with what is natural, and with what have been and could be healthier conventions and communal ways of being together.

History amply verifies that human beings have discovered, over and over again, the values of self-communing and communing with others in the reclining position. Husbands and wives begin to become strangers to one another when they cut themselves off from those moments of greatest intimacy as they lie in bed together in the dark before falling asleep. We do not call it artificial but sick when other positions and locations than the natural one are used for sexual communion. Children and adolescents can become fast friends through the simple experience of sleeping over in each other's homes. Those moments in bed with the lights off, when they relate to each other their dearest secrets in hushed whispers are the ones that cement their closest bonds of friendship.

Another aspect of using the analytic couch—what some people call "talking to yourself"—has ample precedent. We still have professional listeners. The Carl Rogers counseling technique is but a recent innovation on this-bit of age-old wisdom. Many a Catholic has received comfort and help through the Confessional. Most people love a good listener, although often for neurotic

reasons. How frightened we have become of the spontaneous use of our natural functions is indicated by the attitudes expressed with reference to people who talk aloud to themselves when alone, on the street, or in groups. What could be more natural than to do just that? But no, convention says you can sing or whistle but only in certain places and at certain times. You can talk out loud on a typewriter or on a piano. But even if you are in turmoil and your mind is racing you must not be heard uttering a sound or seen moving your lips. That is considered unconventional because it's so different and so natural.

Analysis is an attempt to help people find their way back to their own naturalness by using methods which have in them an ageold wisdom. It is a way of helping people to see how artificial they have become through choking off their many different, spontaneous ways of expressing themselves. It may help more people to see that what they regard as conventional is man-made and can be made unmade, and that conventions can be sick and healthy. Also that conventions are the outcome of man's attempt to evolve guides for better communal living which have become rigid rules dictating human behavior, often to their detriment. For those who say that the use of the analytic couch and the analytic situation are artificial and unconventional, we can hope that as they develop more humility they will realize that what they called artificial and unconventional because it had become strange and unfamiliar to them is more in the direction of nature.

Factors of history, culture, religion and physiology have been mentioned to indicate basic similarities in human beings, as well as differences. Even in the Western world, people coming into analysis will manifest a wide range of learned healthy and neurotic attitudes toward talking out loud to themselves and to doing so on the couch. For these reasons the rule of requiring (even though the word "suggesting" may be used), that all patients use the couch right from the start and throughout analysis is too rigid. I feel it creates unnecessary difficulties at the beginning of an analysis,

fortifies the very attitudes of artificiality some patients bring with them, and encourages the sense of mystery with which analysis has been too much surrounded.

ANALYSIS: A MOVING HUMAN PROCESS

Further, the role of always-the-couch is contrary to our present ideas of activity in therapy and in process thinking. The notion of the couch as a fixed coordinate in the analytic situation is not tenable. Our task is to evolve concepts regarding human nature, sick and healthy, which will help us understand all physical and psychological aspects of the analytic situation as a moving, changing, human process. These concepts are to help us in an active therapy for furthering self-realizing or straighter growing. In this context the couch is seen as one aspect of the moving situation. The question then becomes: How does the couch function as a dynamic aspect of this moving human process?

A TEN-YEAR EXPERIMENT

This more comprehensive understanding of the dynamic functioning of the couch is the outcome of an extended interest in this subject. Ten years ago I presented my original conjectures.8 The focus of discussion was on indications and contra-indications which suggests the methodology of thinking in medical practice. It seemed as if the couch were viewed as a medicinal or an operative procedure to be used for a specific illness. In such thinking the focus is on illness. It suggests that something is being imposed from without for the patient's good and to which it would be in his interests to submit. This attitude contrasts with mutual, productive participation. In this discussion it was concluded that "the actual use of the couch was a minor issue. Of greater importance is flexibility in its use and most important is analyzing the patient's attitude toward the couch." I feel the actual use of the couch is not a minor issue. Flexibility needs more definition and the analyst's attitudes toward the couch more discussion. In subsequent work, particular emphasis was placed on the constructive values of silence on the couch and on the opportunities for being with oneself in the process of self-searching.⁴ Ways of preparing patients for productively using the couch were elaborated.

METHODOLOGY

Interest in the place of the couch in analytic theory and therapy began as an experiment. Its course and the findings are formulated from the vantage point of Twentieth Century scientific methodology. Central to it are notions of unitary process thinking 5.6 becoming widely evident in all aspects of human endeavor. Holism and organismic conceptions of nature 8.9 have influenced me.

What follows are findings of the past ten years regarding possible physical space positions in the analytic room. These were positions patients moved to and from, and assumed for longer or shorter periods on their own initiative, motivated by changing proportions of spontaneity and compulsiveness. The method of descriptive categorizing and classifying was a first step to order my observation. The method of statistical analysis is suggested by adjectives implying the frequency with which some of the positions were assumed. The more frequent and less unusual positions will be described. These and the many more possible ones will come into view if this experimental attitude is attempted.

THE ANALYTIC OFFICE ARRANGEMENT

A verbal diagram will help give a picture of my office arrangement, of the various positions possible for myself and my patients and the various movings also possible from one set of positions and arrangement to another. To feel the field, or gestalt, of each setting and understand the process going on in the analytic situation, the concept relationship is not adequate. System thinking seems essential. I conceive of the analytic situation as a unitary process having direction, of which analyst and patient are aspects in a single integral unity. The concepts "position" and "arrangement of

positions" are necessary to describe this system in the process of changing.

The door of my office opens in from a foyer to a short narrow passage, on each side of which are doors opening into closets. At the right end of this entrance is a floorto-ceiling bookcase. Twenty feet away are two windows. Between them is a six-foot, open, L-shaped desk which juts into the center of the room. Behind it is my swivel chair (Chair 1). To the left of the entrance is a small table and my analytic chair (Chair 2) with a footstool. In front of this chair is a six-foot couch with a triangular head pillow and two square wall pillows. At the end of the couch is a four-foot space for a four-legged chair (Chair 3) and ashtray stand. A personal diagram of the office arrangement will help you see and feel with the changes as they occur.

During the first interview I sit in Chair 1 and my patient in Chair 3. Some will wait to be shown what chair to sit in, others will immediately go to Chair 3 and a few will sit facing me on the end of the couch nearest my desk. On a rare occasion, a patient will be so tense and restless he cannot sit down. He will remain standing in front of the desk, pace up and down in front of it, and move about the room before he can say a word, or as he pours out his problems.

PATIENTS' POSITIONS IN CHAIR

After I have taken Chair 1, most patients will continue to remain in Chair 3 until they begin to use the couch. While in Chair 3, the number of positions and movements from one to the other may be myriad. The number of combinations of positions of the face, head, neck, back, hands, arms and legs are endless. With each go a variety of attitudes, healthy and neurotic. Some move the chair from side to side, closer to or further away from the desk. Occasionally, a patient bends over in his chair so far as to seem to want to hide behind the desk. Another will put his arms on the desk, at times resting his head in them, at times moving across the desk as though to jump in my lap to be taken care of.

A patient may get up and stand in front

of the desk, move up and down the length of it, come around the end and stand next to me, walk over to the bookcases and look, or apparently look, at the books, with his back or the side of his face to me. As part of his restlessness or as an attempt to move toward the couch and/or away from me, he may sit on the near end of the couch, the middle or the far end. To feel specifically what it might be like to use the couch, some will lie down on it once or twice. Here the focus is on reclining and what it means. Others will turn their chair so that their back is to me. The focus here is on the notseeing-the-analyst aspect of using the couch, and on talking out loud to themselves. For a variety of reasons, six patients sat in Chair 2, knowing it was the one I used when patients were on the couch.

PATIENTS' POSITIONS ON COUCH

When I have moved to Chair 2 and the patient has gone to the couch, the patient's commonest position is reclining on his back with his head slightly propped up on the pillow. It has been experienced as the working position, "really being in analysis," being supported, encouraged and backed up by the analyst, as well as his being behind them. Neurotically it has been felt as being pushed and coerced. It has been used as a means of getting away, of making distance, of going off in imagination, and on the basis of "I should," with consequent anxieties, resentments and neurotic claims. It has been used as a magical maneuveur and felt as being exposed, giving up control, submitting, being humiliated, and as a way of hiding.

In the couch position the combinations of arrangements of head, neck, arms, hands, back and legs likewise are numberless and all these movings have their special meanings, healthy and neurotic. Lying on the right or left side, sometimes facing, halfacing or not facing me, is frequent. Some patients curl up, which has meant holding themselves together, making themselves as small as possible and hiding. This curling up is done most frequently on the left side, facing the wall. When anxious, a few—whether lying supine or curled up on the

left side—hug one of the square pillows. A patient who lies on the couch with one leg on and one off is telling us much more with his body arrangement than he could with hours of associations. Lying on the stomach looking or not looking at me, or doing both intermittently, is not uncommon. One patient lay on her stomach with the head pillow under her when she reminisced about enjoying reading in just that position throughout her teens and on occasions since. Another was too anxious about not seeing me. She put the head pillow at the opposite end of the couch and faced me from this reclining position for a number of months.

Getting up from the reclining position for a longer or shorter time, particularly with mounting anxiety, is not uncommon. Patients sit up on the couch at the end near to me, in the middle or at the far end. While doing so, continuously or intermitently, a patient may face, half-face, or turn his back to me. For over a year one woman would sit up when she began to cry, move to the far end of the couch and curl up in order to hide. For her, to be seen crying

was a great humiliation.

A patient may leave the couch from the reclining or sitting position to return to either during the session or after weeks or months. He may get up from the couch to stand beside it, to walk up and down, to go over to the bookcases, look, or apparently look, at them or come and stand over me. Having many meanings, but particularly that of moving away from the couch and me, is a move to sit in Chair 2 at the opposite side of the room. One patient rationalized that he did it to experiment and test out his new-found strength. With him and three others, the motives were to defy, to make distance and to frantically reassure themselves. After having sat in Chair 3 for several sessions without a previous move, five different patients brought it across the room and placed it right next to me. Of these, some did it only a few times and one did it for a number of months. The need for immediate physical closeness was urgently necessary to reassure themselves. Similar needs moved two patients to come

and sit on the arm of my chair and touch me, and another to sit at the foot of it. At times, when she was going through a very trying time in her life and in her analysis, she put her head on my footstool. One woman in a petulant fury lay on the floor on her stomach, cried, screamed and kicked, which she wanted to do and didn't dare to do as a little girl. About ten patients did the same on the couch in both the prone and the supine positions. Then there are those movings which went on as patients were in one or the other position, while changing from one position to the other and while being in continuing motion. All these occurred while I was in Chair 1 or 2.

What has been described might be disturbing to someone who held rigidly and invariably to the couch and to the spurious oversimplification of either/or thinkingeither the chair or the couch. More central as prompting a reponse of being disturbed is the method of thinking inherent and explicit in this presentation. An analyst wittingly or unconsciously guided by rigid, static or mainly genetic, mechanistic conceptions would indeed feel threatened by spontaneous, dynamic and system methods of thinking. The spirit of openness and flexibility of a conducted analysis which is neither directed nor passive would be experienced as unconventional, different and seemingly chaotic.

Having observed, described and classified in a qualitatively statistical manner, those steps in scientific method have carried us as far as they can in this inquiry. New, productive questions must be posed and answered in process terms. We must now ask what are the functions and values inherent in the various positions in each arrangement. Also what are the functions, and healthy and neurotic values, in changing from one to the other and of the process of moving between two relatively constant arrangements, as from the chair to the couch.

No Instructions Regarding Couch

In order to make the above observations, I made no mention of, or suggestions regarding, the use of the couch in initial sessions. My attitude is the same with reference to dreams and to the many other instructions it is suggested that patients be given at the beginning of analytic work. I do not bring up the twenty-four-hour rule regarding missed or cancelled appointments and find it of more value when the subject comes up in context as a session is actually missed. The analysis of a concrete, immediate experience is much more valuable. The only specific comments regarding mutual working arrangements that I do make are with regard to hours and fees, and on occasions may leave either or both open for further discussion. When something comes up regarding guides-not rules-for mutual working together, the instance will be immediately and concretely there to be discussed. It will appear in a context closer to availability for productive exploration and become an embedded part of that person's analytic experience. Initially, a patient is usually too frightened or confused to pay much heed to a long list of instructions. His forgetting them would not be surprising. They also create an additional, unnecessary burden. The attitude of observing what happens gives the analysis a better chance to evolve more freely and to be conducted more effectively.

Certain facts regarding the couch encouraged me to follow the above course. The couch is there. If patients do not know what it is for and are afraid or averse to asking, they will eventually do so directly or indirectly. I may notice a patient frequently looking or staring at the couch or turning his chair toward it. A comment like "I'm so tired" or "if I could only lie down and rest for a while" may afford an opportunity to open a discussion about the couch, or simply to suggest resting on it. Once there the patient may remain, or find it easier to use it spontaneously on subsequent occasions. A feeling of faintness, a dizzy spell, or a headache, may be a starting point for the use or discussion of the couch.

Many patients have read analytic literature, heard lectures or have friends who are or have been in analysis and know about the couch. Other media, like TV, radio and cartoons in "The New Yorker," have connected the couch and analysis for them. Sooner or later the subject will come up in free associations, dreams or fantasies. The concern that it will not is unwarranted. A patient cannot be in analysis very long before he will mention it, because symbolically and factually the connection of analysis and the couch have been over-determined.

PREPARING FOR POSITION CHANGING

How is it that I feel there are constructive values in this approach? Because when the patient moves to the couch or finds himself there, or views it as a possibility to be considered, or brings it up for discussion, he does so out of a freer being and associating. This atmosphere makes possible better opportunities for understanding the meaning of the couch in the immediate, concrete situation. Patient and analyst can have a better basis for knowing if the patient is constructively available for moving from one position to another, and how. They can go into the rational and irrational premises for making such moves. This attitude toward any change of position can help move the analysis forward. How we explore the use of any position is an expression of how we effectively avail ourselves of all our therapeutic tools. The "how" naturally includes questions of timing and availability.

I hope this makes clear that such questions as, "Is the chair or the couch better than any other position?" are not productive. The question is rather, "What position might be better for this particular patient and analyst at this particular time to help move the analysis in a constructive direction?" There is what the analyst feels is better at a particular time according to his -and the patient's-healthy wishes and neurotic needs. What the analyst feels might be better is also determined by the theory he works with, his stage of growth and development, what he has learned, what his experience has been in general and with this particular patient. Sometimes the analyst's and the patient's wishes and needs coincide and often they do not, indicating a need for further work on the problem

from both sides.

For an analysis to proceed in the above manner the analyst carries the major responsibility. By his whole being-what he says and does not say and how-he must convey an attitude of permissiveness, encouragement and support with regard to mobility in position in the analytic situation, and specifically inform a patient regarding one or another possibility when he feels it will help the analysis, save his patient unnecessary pain, and use the analytic time more effectively. I have seen patients sitting on the edge of the chair, or on the couch, or reclining on the couch, and holding themselves there by force when they felt a powerful urge to get up and pace the floor. Indicating your attitude with reference to such changes of position lets them know where you stand. Some will be able to make such a change soon after you indicate your permissiveness. Others will not, but will be concretely helped to become aware of a problem, to realize that compulsive patterns are keeping them tied down, and to see what they are. Some are the fear of appearing ridiculous, the fear of impulsiveness or spontaneity, the need for rigid self-control, the fear of being on a higher level than the analyst, the fear of his being fixed while they are in motion, and, of course, the fear of disapproval.

The analyst may observe the need for, or the fact of, such changes for months before he feels the time is appropriate for discussing them. By his attitude he may indicate non-verbally his permissiveness regarding physical mobility. This does not mean the analyst is passive and that the analysis wanders about without direction. Nor will a patient assault the person of the analyst physically or damage his property any more frequently, as some might fear.

VALUES FOR THE ANALYST IN THE FACE-TO-FACE POSITION

There are specific values for the analyst in the face-to-face position, such as facilitating observation. By observation I mean not just a visual seeing but total sight, with one's whole body. The analyst's degree of healthy wholeness will determine how closely his seeing approximates mystical

vision. 10,11 Such seeing requires an openness to its possibility and a disciplined effort in daily practice to develop in that direction. As he does, he will know more deeply that "the eye can only see that to which it brings the power of seeing" (Plotinus), and that "Where there is no vision, the people perish" (Proverbs 29:18). In such seeing, the analyst's whole person integrates as a responder to stimuli originating within himself and coming to him from without, and his whole being as a resonator to those responses. With such developing sensitivity he is open to those nuances which are the essence of human communing and togetherness.

There is so much that the analyst can see. In view are his patient's clothes, the physical attributes of his hair, eyes, skin, teeth, face, his hand and body mannerisms, as well as autonomic responses. The eyes are indeed windows of and to the soul. An analyst is physically closer to his patient and can more easily intuit, more directly feel, or more immediately apprehend him, his feelings, his tensions, his anxieties and conflicts, and the tone of his voice. He is close enough to respond with his body directly and as a resonator to the atmosphere that emanates from and surrounds his patient. He can observe how his patient does and does not look at him and under what circumstances. He can observe incongruities in his patient's face and between different parts of his body, and also between verbal content, facial expression and antonomic responses.

The vis-a-vis position affords the analyst a better opportunity to convey permissively to his patient, "Here, touch me" and to make himself available to be touched. To interpret these comments as an encouragement to physical contact between patient and analyst is to misinterpret my meaning and to be dictated by the all-too-common illusions that physical contact is the same as genuine, feeling intimacy. I have worked with many patients, male and female, who used their bodies in sex as walls and barricades to prevent just such a genuine, feeling relationship from developing. Such people confuse shows of feeling and words of feeling with genuine feelings-feelings with body, body with sex and sex with love. They do not know that varying degrees of a genuine, feeling intimacy can obtain with a person of either sex without sexual contact necessarily being an aspect of the relationship.

Our culture encourages this distorted over-focus on what shows, on the physical, and on physical contact, and then contradicts itself. Although we are a nation of back-slappers and hand-shakers we are very frightened of that very physical contact under certain circumstances. In Europe it is customary to shake hands on meeting and departing from friends. There it is natural for patient and analyst to shake hands before and after each session. Americans laugh, anxiously and uncomfortably, when told this is good manners among their European colleagues. I am not suggesting that we take up this practice because for us it would be artificial and unconventional. But being sensitive to a patient's desire to do so and responding in kind when the analyst feels it would be helpful is simply human. It has been my custom to shake hands on seeing patients before and after the first session, before and after vacations, on terminating our mutual work, on occasions following difficult life circumstances or trying analytic sessions, as well as on festive occasions. These simple gestures I have found later in our work to be extremely meaningful to some patients.

Ferenczi explored the possibilities of physical contact with patients. He felt very strongly the feeling gap between himself and his patients and attempted to bridge it in a physical way. Being guided by a genetic orientation also encouraged him to assume various roles with reference to his patients and act as if he were a mother or father. This was his attempt, as a parental surrogate, to give love to his patients through physical contact, as though they were children, and to help work through their unresolved childhood conflicts with reference to their parents. I have felt this was an expression of his sincere groping toward a more effective therapy. In some measure we can hope that this is what guided the attempts other therapists have made up to the present. They likewise were aware of this gap which they interpreted in physical terms and attempted to close by physical methods. On theoretical and moral grounds many would disagree with such attempts, which went from holding and fondling patients, to the removing of all clothes and lying nude on a table or in a box, to sexual intercourse.

Other workers have been aware of this gap but have felt that answers to it lay in the direction of better theory and therapy. An expression of such searching was the Congress on "The Affective Contact." 12 This is what I feel I am out for: to find better ways to help patient and analyst make better affective contact with one another.

There are further values to the vis-a-vis position. The analyst can observe a patient's blocked urge to act out as reflected in his getting up and pacing the floor or smoking a cigarette. Some people act as though their hands and feet were tied even as their mouths are sealed. They have too little experience with the possibilities of expressing themselves through their extremities or with greater vocal intensity and range. Our culture dictates that you must not use your hands while talking or raise your voice and gesticulate at the same time. Young girls are still taught that their voices should be ever gentle, sweet and low. When the analyst observes in such patients the checked urge to act out, he can encourage greater freedom of moving and changing in the dimension of physical mobility as he does in other dimensions of being. Through it, both he and his patient will discover such expression and work through the deeply imbedded blocks to it. In such a well-conducted analysis, permissiveness is not passivity and firmness not rigid control.

When the analyst feels, and at times indicates, that there might be a better physical position for his patient, he is making an assumption in a spirit of tentativeness. It is based on what he has learned from his reading, his teachers, his analysis, his experience with patients and the particular patient in question. It depends on his genuine wishes and neurotic needs, the

stage of his growth, the theory of human nature with which he works and how it is evolving. With all these variables to be considered, a dogmatic assertion as to what position is right or wrong for a patient is not tenable. The question is what position seems to be better from the evidence at hand, at a particular time, for a particular patient and analyst to move the analysis forward more effectively.

VALUES FOR THE PATIENT IN THE FACE-TO-FACE POSITION

How do we go about preparing a patient for a more effective use of the chair, or vis-a-vis, position? Life history as a vehicle of culture gives us a long training in utilizing this position in many of our functional relationships, at a job or in school with a teacher. We would feel that any other positional arrangement was artificial and unconventional.

There are certain general values in the face-to-face position and it is the analyst's task to help the patient avail himself of them. The patient quite naturally accepts this familiar and conventional position in coming to a doctor, or to anyone who would be in the position of giving counsel and guidance. No further burden is thus added and he is as free as he can be to go on with the purpose of his visit. In this position it is easier for patient and analyst to become acquainted with each other. It gives each an opportunity to see and hear, and to get the smell, taste and feel of each other. In the beginning of this mutual work it is a better way of communing with each other while communicating verbally and non-verbally. Also, because at this point the focus tends more to be on interpersonal factors, the patient is most interested in the person he expects will help him in his disturbed relationships with people and with himself. The analyst will be giving human help, building a relationship with his patient, getting factual information and analyzing where he feels it might be of immediate assistance. In time, the values from and the necessities for a face-to-face working relationship begin to diminish and even to

interfere. It begins to obstruct deeper selfcommuning on the part of both, to obstruct more intensive work on intrapsychic factors and with the analytic relationship.

At this point, it is the analyst's task to help the patient find his way to using the couch. What might have seemed artificial and unconventional to begin with now seems less so. Some of the constructive values of the couch have been explored and fears with reference to it worked through. Also, the analytic situation is being felt as a moving process, a more solid analytic relationship has been developed, the patient has become somewhat more self-reliant and the work is proceeding to a degree on the basis of mutual trust and faith. At least intellectually, the couch may begin to be seen by the patient as a challenge and as an opportunity for opening up other possible horizons for self-exploration.

There are specific values for the patient in the face-to-face position. He can touch and feel the analyst through all his senses when he wants and has to. It is his chance. concretely and immediately, to see the analyst's interest, sympathy, attention, alertness and availability for help. In the face-to-face situation he can better feel the analyst's being, his is-ness, his there-ness-and his own with-ness with the analyst. When the couch becomes the better arrangement for mutual working, patient and analyst will have a more solid and comprehensive feeling-picture of each other to carry with them. The separation will not be felt as a painful rejection but as an opportunity for more and different dimensions of self and mutual communing.

Analyst's Neurotic Needs for Face-to-Face

The analyst may need to face his patient but his neurosis is only one factor. Even more crucial may be what he has read, learned from his teachers, his own analysis, his experience with his patients plus the continuing effect of the Freudian viewpoint toward the couch, therapy and transference. Where the analyst's needs are the significant determinents, his attitude will change as he grows and matures, even as one par-

ticular neurotic solution may be predominant. Also, a predominant neurotic solution is not the whole analyst. Other less obvious neurotic solutions are operating there, as well as his human constructiveness.

With the above qualifications, these generalizations are made in terms of predominant solutions with all the limitations of generalizations and typologies which for us mean directions of development.¹³ These categorizations are guides, not predictable certainties. This listing starts with the most intense neurotic need to face, and be faced by, patients and doing so most frequently and for the longest periods.

In speaking of the analyst's predominant neurotic solution, I refer to residual aspects of this and other solutions still to be worked through in his own analysis and in self-analysis. With such work, it is expected that the extent of his neurotic problems will steadily diminish and his health steadily increase. The perfectly or completely analyzed analyst or patient does not exist.

Heading this list are those analysts whose predominant neurotic solution is arrogantvindictiveness. They must have the person to be mastered in front of them and are frightened by a patient on the couch and out of control. Patients must see their strength and intelligence which, in the main, is their arrogant-vindictiveness and need to operate through the supremacy of the mind. Analysts whose predominant neurotic solution is narcissism need their patients in front of them to charm them. When it becomes too great an effort, or they fail to keep them fascinated, and can no longer keep their outbursts of rage under cover, they will attempt to maneuver them onto the couch. An analyst who is predominantly self-effacing needs his patient in front of him to clutch at him, to please him and to see if his patient approves of and likes him. Of those who are predominantly resigned, the shallowlivers will have their patients face-toface to keep it interesting and to make an impression, because for them what shows is crucial. The rebellious-resigned analyst needs to see the person against whom he is rebelling and to watch most alertly the effects of his actions. The analyst who is persistently resigned will want a patient face-to-face as short a time as possible. Where perfectionism is predominant, what the analyst will do will depend on what he needs to believe are the highest standards of analytic technique. They could be "always the chair" or "always the couch."

Analyst's Neurotic Needs for the Couch Position

Focusing on the analyst's need for his patient to be on the couch, the above sequence becomes reversed. The persistently resigned analyst, with his attitude of "don't bother me and I won't bother you," is for the couch as often and as soon as possible. The rebellious-resigned analyst soon gets irritated with, or frightened by, his opponent and needs him on the couch. The shallow-liver quickly gets bored with being interested and creating an impression. Analysts who are predominantly self-effacing tend to keep self-effacing patients in the face-to-face position longer, in order to be compulsively helpful. An arrogant-vindictive patient frightens them. They want him on the couch as soon as possible. They will tend to keep predominantly narcissistic patients and shallow-livers faceto-face because they are easily charmed, fascinated and awed by both. When the rages of a predominantly narcissistic analyst toward his uncharmed patient begin to be too much, he wants the patient out of the way. A predominantly arrogant-vindictive analyst will need a self-effacing patient on the couch as soon as possible. The patient's clutching and clinging irritate and frighten him, for it confronts him with what he shuns and hates in himself. The shallowlivers and narcissists present more of a challenge to his mastery and he will keep them face-to-face longer than he would the persistently resigned. Their obvious "don't touch me" attitude and inertia will frustrate and enrage him. An arrogant-vindictive patient who counters with his need for mastery will be urged toward the couch last, for with him the analyst feels on familiar ground.

PATIENTS' NEUROTIC NEED FOR FACE-TO-FACE

Neurotic needs may be the crucial factor in patients' avoidance of the couch, although their reading and previous analytic experience may for a time carry greater weight. Some sit up because they feel they are supposed to lie down, or because they did so in their previous analysis. Some feel that the couch means Freudian analysis and that Horney analysis will be different. Or because they feel that their previous analytic experience on the couch was unsuccessful, they assume that using the couch is bad. However, neurotically moving to the couch is more common. Some need to use it in a first consultation even when it is clear no further sessions are in prospect.

Feeling avoidance of the couch occurs even when physically there. One patient of mine, after two years of analysis, months of eyeing the couch, and no comment about it, abruptly lay down. Magical expectations from simply doing so later became clear. During each session he sat briefly on the edge of the couch and gave me a few quick glances before he lay down. While associating, he might thrash around, often pushing the head pillow onto my feet in order to be totally horizontal. But even from that position he kept talking about "sitting" on the couch, because he had made up his mind he was sitting, regardless of the physical facts. With the magic of their minds, some patients while on the couch decide they are pacing the floor or have even departed.

Patients' needs for the face-to-face position are similar to the analyst's. What at times can be even more decisive, however, are the patient's needs not to lie down. A self-effacing patient needs to submit, but also to face, to clutch and to cling. An arrogant-vindictive patient needs not only to master and a rebellious-resigned patient not only to rebel, but both need to surrender, give in, give way or yield. I feel that suggesting the couch too early, before long, careful preparation has been undertaken, introduces unnecessary complications with these quite-difficult patients. They make of the situation a cause celebre, which at times

leads to interruption of the analysis. They need permission to act out, not more coercion, to which they are already hypersensitive. The hope is that their acting out will diminish and become more available for analysis, and that situations in which they feel driven to act themselves out of analysis, marriage or a job in order to save face can be avoided.

CONSTRUCTIVE PREPARATION FOR THE COUCH

Preparation for constructive use of the couch can be done through mutual appreciation of the optimal possibilities for furthering analytical work in the face-toface situation. It helps concretely to obtain a feeling-picture which becomes an embedded part of patient and analyst. A feeling of mutual with-ness is developed through the analytical relationship and a mutual faith in furthering the patient's selfrealization. In this atmosphere the patient is prepared for the productive use of the various mutual physical arrangements possible in the analytic office. In the face-toface position he is helped to deeper feelings for freer moving, not only in physical dimensions but also in those of thinking, feeling and willing.

Many opportunities for helping a patient move to the couch will come up with and without specific discussion. The fact that it is always right there, literally staring him in the face, will in time prompt him to ask some questions about it. A mention of the couch prompted by the patient's reading and previous analytic experience may be an opening. Sometimes the subject will come up through dreams, fantasies or free associations. Feeling tired, exhausted or faint, having no sleep the night before and wanting to rest and relax may lead him to lie down or discuss the possibility that he might.

VALUES FOR ANALYST OF COUCH POSITION

There are values for the analyst in the couch position that are harder to achieve face-to-face. The analyst can, for instance, take notes or not. Some patients are very disturbed by the analyst's taking, or not taking, notes. They become disturbed if he

does not take down every word and may feel he is not interested, that what they are saying is not important. The analyst can feel freer to smoke a cigarette, look at his watch, close his eyes and yawn if he feels like it. Patients can be quite disturbed by seeing these moves—even while on the couch, through an uncanny alertness to their environment.

With his patient not facing him, the analyst can be open to his own healthy and neurotic feelings, his anxieties and conflicts, and be freer to let his own associating wander. It is easier for him to be reflective, contemplative, to go back over a sequence of his patient's or his own associations, or concentrate in himself on a particular problem. Seeing expressions of the analyst's feelings can be disturbing to a patient, particularly if he senses that the analyst is focused on listening to his own freer associating. With his patient on the couch, the analyst is freer to move from focusing prodominantly on his patientbeing directed outward-to focusing predominantly on himself-being directed inward-and back again. Moving from thoughts to feelings is more freely done, as well as from observing to intuiting. Intuiting and immediately apprehending the atmosphere of the session, of his patient and of himself is easier, as is going into his own depths and making contact with his patient by shutting out the clatter of his own thoughts and the words and sounds his patient is making. This is difficult to do. It comes only with an openness to and awareness of its possibility through an interest in doing so, a disciplined effort to develop the capacity and a feeling for the value of such listening with your guts. This requires that the analyst's whole range of feelings becomes more and more accessible to him and that he develop greater and greater courage to let himself into the unknown of his depths. And finally from the couch position it is easier to use the analytic relationship as a working tool.

VALUES OF COUCH POSITION FOR PATIENT

For the patient there are values in using the couch, some of which Freud mentioned. "The consultation thus proceeds like a conversation between two equally wakeful persons, one of whom is spared every muscular exertion and every distracting sensory impression which might draw his attention from his own mental activity."14 Physically, the patient rests and relaxes more easily-if he can. He is less distracted by wanting or needing to look at the analyst or by the analyst looking at him. It permits freer associating, freer reflecting and more concentrated work on a problem, and encourages his going into his feelings. He can focus on deeper intrapsychic factors and work more freely in terms of the analytic relationship because he can more easily separate the actual analyst from how he uses him as a symbol and an externalization. Also, he can move more easily from intrapsychic to interpersonal processes and back again.

ALONENESS AND WITH-NESS

As a patient becomes stronger, the couch affords him a better opportunity to be more with himself and thereby come to distinguish unhealthy feelings of aloneness, loneliness and isolation from healthy being with oneself. Concomittantly, he will come to know that compulsive being with others, which may or may not cover his unhealthy feelings of aloneness, is different from healthy being with others. Our language structure is not accidental. "Being alone" implies something sick, and that you must be lonely and feel isolated, and that being with others is an expression of health when all too often it is a compulsive gregariousness through fear of being with oneself. Because we are so unfamiliar and impersonal with ourselves it sounds artificial to say, "I was with myself," rather than the conventional, "I was alone."

SILENCE, QUIETNESS, STILLNESS

Being on the couch helps a patient avail himself of the values of listening in silence for and to his inner feelings of stillness and quietness. Blocking with fears and threats of falling asleep are common, but sleeping on the couch I have yet to see. In silence, a patient will come to better understand Laotzu's "quietism" 15 and the spiritual and therapeutic values of silence.16,17 "Silence is the cloudless heaven perceived by another sense. Like space and emptiness, it is a natural symbol of the divine. . . . The Lord is in his holy temple, let all the world keep silence before him." 18 In listening to and hearing his quietness and stillness he will come to feel and to know that vast "beyond which is within" (J. Huxley). For example, a patient who had been obstructively silent on many occasions finally dared constructive silence. He felt "a going into myself" and lots of feelings he could not put into words. He felt no problems, no tensions, wanted to leave well enough alone, and described himself as feeling good. Right after this, he had a feeling that his head was expanding and saw, fearfully, pictures of a vast expanse. He felt it was "like the beginning of a voyage into the unknown of myself. It must be like what a musician or an artist feels when he begins to write music or paint a picture." In such a process a patient will come to feel his conflicts and anxieties more clearly and sharply and to discriminate between central and basic conflict. He will distinguish a healthy anxiety which he feels is his from neurotic anxiety which he feels as an alien force, imposed from without and descending upon him. He will come to know and avail himself more and more of his human constructiveness and the whole range of his assets.

FEELING BOUNDARIES AND ONENESS

On the couch a patient has a better opportunity to become acquainted with his boundaries as they change, extend and expand. He will come to know that he has boundaries of feeling, thinking, willing and acting; physical and psychological boundaries; individual, social and cosmic boundaries. It is an opportunity for him to feel his total individual or organismic connectedness, as well as his connectedness with others and with the world in which he lives. It helps him to feel and to know himself as an entity, as an identity, as an autonomous, self-responsible agent in his life and the

life of others. For him to approximate such feelings to a significant degree it will be necessary for him to go through the experience so often described as losing oneself to find oneself and dying to be reborn. "As long as you do not know how to die and come to life again, you are but a sorry traveler on this dark earth." (Goethe, West-Ostlicher Divan)19

As a patient goes through this experience he will use whatever words feel appropriate to him, whether religious, philosophical or ethical. What he will be feeling is the mystical union and communion with the all-the all in the one and the one in the all. As he moves through it, his feelings of artificiality or unconventionality about the couch will fade away. The wisdom of the ages will assert itself through his body without his having thought it. It will know with "inspired spontaneity" 20 that the horizontal position, the minimum of outside distractions, and stillness are a physiological necessity to make available the maximum energy for this great creative effort. These inner and outer conditions approximate the state in which we dream. And while dreaming we are all creative artists and are closer to the truth of ourselves.

ANALYSIS: OPTIMAL OBJECTIVES

On the basis of all I have said, it would be difficult for me to conceive of an analysis having achieved its optimal objectives if a patient had not felt these values of and on the analytic couch to a significant degree. I do not feel they are attainable in the West, or in the face-to-face or any other position, except possibly in the kneeling. prayer position which is such a deeply imbedded aspect of the lives of some. I feel psychoanalysis has evolved sufficiently to help make it possible for some to approximate these objectives. Then a patient would have reached the point of having a rational faith in his unconscious processes, his innate constructiveness, and the spontaneity of his nature which is beyond good and evil.

I do not imply that anything less than these optimal objectives be considered a failure, or that many analyses falling short of them have not benefited patients greatly. A patient's nature and life circumstances may lead us to deem it wiser to attempt less. People who have stopped various distances short of what I have described have been able to continue to grow and develop on their own. Fulfilling these optimal objectives makes subsequent self-analysis more effective with a minimum of unnecessary pain, wasted effort and in a shorter time. No one ever attains the mythical end point of being completely analyzed. Self-analysis is a life-long effort with greater returns in self-fulfillment the more we devote ourselves to it.

PREPARING FOR FREER PHYSICAL MOBILITY

Freer physical mobility is essential, so that the patient will feel able to avail himself of the many other possible physical moves and positions.

Each position, the act of changing and the new position reached all have their healthy and neurotic values for patient and analyst. After about two years of facing me, an extremely self-effacing and resigned patient began, with increasing frequency and for longer duration, looking at the couch and moving her chair around toward it and slightly away from me. After some time I mentioned what she had been doing. Her response was fright at the possibility of giving up control. After she had picked up and dropped the subject for several months, I asked in the middle of a session how she felt about trying the couch. In the next session she immediately lay down. I still faced her from behind the desk. This move was an expression of greater strength -and of the feeling she should do it to be the perfect patient.

Patients usually find shifting in the course of a session too difficult but gird themselves for it before the next. They feel it as a leap into the unknown, at times with quite some anxiety. Eventually, they feel relief, as after an ordeal, and are glad they took the chance. After about six months this woman began closing her eyes and looking away from me. Later I called this to her attention. She brought up the question of

my sitting behind her as an expression of healthy daring and because she felt that was what she should say. Her anxiety was quite intense for several weeks. About three months later, as we were discussing the barrenness and emptiness of her past life, she realized why she had been so upset when I moved behind her. Seeing my empty chair had stimulated an awareness of her own inner emptiness.

Two years later, symbols of impregnation, gestation and birth kept coming up. This had been a period of considerable self-creation and productivity in some artistic areas. In one particular session she talked steadily for about forty minutes, clarifying for herself-this previously shy, timid, almost dead and inert woman-her arrogance, perfectionism and violent impatience. As she came to the end of this excellent piece of self-analysis she said, "I say, 'Thank you, couch.' Because on the couch I can think aloud and crystallize what I have been afraid to face before. I feel awfully tired." What she had gone through was another experience of giving birth, with the fatigue that follows such an effort.

More central than freer physical mobility is freer mobility in general, in all dimensions of being and becoming. This includes freer mobility in the dimensions of feeling, thinking, willing and acting. Freer mobility in all these dimensions helps diminish rigidity, compulsiveness, and the static, and concomittantly helps to increase flexibility, spontaneity and what is dynamic. Succinctly stated, these changes are what we are out for, and into, as objectives in our analytic work.

ACTING-OUT AND THE COUCH

The difficult problem of acting-out relates to the encouraging of physical mobility. Available to all human beings are the capacities for acting, thinking, willing and feeling with reference to self and to others. To the extent that a person is neurotic he will be compulsive and outwardly directed because his center of gravity has been shifted outside of himself, away from his spontaneous middle. This outside may be a physical one—the environment or his own body—but is also his symbolic self. Although an aspect of himself, it has become autonomous and rules him as an outside force imposing its will on the whole of him.

LITERATURE ON ACTING-OUT

There is a large literature on acting-out. To my knowledge, there is little if any on the subjects of willing, thinking and feelingout. There are a number of reasons for this. One is that questions regarding feeling, thinking and willing-out could not be posed without the conceptional framework that process thinking offers. To me, one criterion of being predominantly healthy would be the capacity to flexibly, dynamically and spontaneously feel, think, will and act, inwardly and outwardly, as the requirements of a given situation warranted. Inward directedness and outward directedness are but two aspects of a single unitary process -the process of living-as are objectifying and subjectifying, projecting and introjecting, externalizing and internalizing. (The last four, however, are distortions, sick uses of natural objectifying and subjectifying).

Another reason we have more literature on acting-out is its obviousness; it is so unpleasantly intrusive and obtrusive, and goes against conventions. Many people are upset, not through a sincere concern for this sick person, but because of their egocentricity, their seeing the world from the viewpoint of their neurotic needs. Just as egocentricity is an expression of sick, private conventions, so are many people's social conventions and some societal ones. While a patient who acts out is considered very disturbing, another just as sick would prompt quite a different response. Literally, he might be tearing his guts out with selfhate, anxieties and conflicts, but if he didn't tell someone else about it most people would find him a nice, quiet, unassuming person. They would feel this way without knowing why, but actually because he didn't bother them or cause them any obvious discomfort.

Generally, acting-out has been associated with psychopathic personalities or persons who have tendencies in that direction. I feel the term "psychopathic personality" is a block to further fruitful investigation. It makes of this sickness and the person who is so afflicted an entity or a thing. It also carries with it a long, pessimistic, therapeutic history, as well as social opprobrium. In some unpublished work I have evolved the concept of the psychopathic process. I speak of rational and irrational processes. As aspects of the latter there are the neurotic, the psychopathic and the psychotic processes. Thinking in terms of the psychopathic process, a wide range of intensities and extensities can be observed, from a minor degree present in many people to the extreme that we refer to as psychoses with psychopathic personality.

Another limiting factor to productive investigation has been the narrow way the concept of acting-out has been used. It refers to behavior patterns which become manifest in a social setting and go contrary to accepted moral and legal codes of conduct in living together. They require action, planning, execution and movement in space and time through social situations. Such a circumscribed notion omits the extreme examples of acting-out in mute catatonics, who stand in the same place motionless, or repetitiously go through the same mannerisms. It would be difficult to say whether a mute catatonic, rigidly lying in bed in one position for months on end, is predominantly thinking-out, feeling-out, willing-out or acting-out. The violence of his willing is apparent in his negativism; the intensity of acting is obvious in his posture. With or without attempting to move him, the enormity of his rage, suspicion and, at times, panic can be seen. Of one thing we can be

There has been another assumption with regard to patients who act out—namely, that they are the sickest, the most difficult to treat and that the prognosis is poor. Working with three patients who could be diagnosed as psychopaths, I have found this not

certain: that he is predominantly outward-

directed and that he does not have his

center of gravity in himself.

to be the case and have found even greater difficulty in obtaining good therapeutic results with patients who, as far as the outside world and they themselves were concerned, were "healthy, happy and perfectly normal." Only by having as complete a picture as possible of a person's potential and available assets, as well as of his liabilities, can we make a prognosis. The clinical picture alone is insufficient and misleading.

There are certain facts with regard to patients who obviously and intensely actout in social intercourse-who manifest varying degrees of the psychopathic process -that have significant bearing on the use of the couch in therapy. These patients hate and fight, which is another way of saying that they are terrified of restrictions, particularly of physical ones which are so concrete. All human beings have the capacity to think concretely and abstractly. Over-concreteness and over-abstractness are characteristic of neurosis. With patients who manifest the psychopathic process, over-concreteness is in the foreground. Little is real to them unless manifested in action. They are driven to do, to see and to touch obviously and concretely what they think, feel and, particularly, will. They are driven by intense and contradictory shoulds, particularly moral ones which they must rebel against and deny. Such patients are not amoral or immoral but suffer exquisitely from hypermorality. They externalize their shoulds and experience them as the coercion and limitations of their environment. But being so alienated, with their center of gravity outside of themselves, they must depend on the environment to determine their boundaries and limits for them. In short, they desperately need the very environment they resent and rebel against.

THE PSYCHOPATHIC PROCESS IN ANALYSIS

When they do come to analysis these same factors obtain. They desperately need the analyst, a crucial factor in their environment, to set their boundaries, and at the same time they are compelled to rebel against him and feel that he is coercing them. To work with such patients effectively, it is essential that the analyst know

this. He must constantly walk a fine line: not increasing their feelings of being coerced so much that they rebel themselves out of the analysis, yet not allowing them to act out so much that they create even more difficulties for themselves than they have. Their acting-out can be in the physical setting of the analytic office, or outside of it. With their acting-out can go considerable compulsive thinking, willing and feeling-out. These last three show in the amount and forcefulness of their words and ideas, and in the violence of their feelingsnot only as manifested in their autonomic responses and bodily gestures, but in the tone of their voices, the feeling words they use, and the way they force you to listen to such barrages without letting you get a word in edgewise. Ivimey has described some aspects of this picture as compulsive assaultiveness.21

It is understandable that a person already feeling coerced beyond what he regards as his endurance will find many aspects of being in analysis as just so much more unbearable coercion. There is the fact of analysis itself; sessions of a definite time limit; regular payment; the fact that one feels he has to talk and tell all while the analyst is free to comment or not.

Lesser degrees of what I am describing are quite common in many patients, I feel, too, that where these problems are present in the extreme, as in the so-called psychopathic personality, it is incumbent on us to find ways of extending our theory and technique in order to offer them muchneeded help. What I am suggesting, I feel, will help make more effective the therapy of those in whom the problem is minor and increase the extent of our help to those in whom it is severe. If the analyst can communicate his support of efforts to move around, this may lessen the patient's feeling of being coerced.

Having lessened the general feeling of being coerced by analysis, or by having to sit in one place, steps may also have been taken in concretizing the fact of acting-out, so that it can be brought to the patient's attention. Having established the fact of acting-out, which can be done only after many instances, the analyst can then work through the limited value of acting-out for its own sake. Finally, he can go on to analyze the meaning of acting-out in specific instances and in general. Concomittantly, whatever aspects of his other problems were available would be worked on. In time it would be hoped that through preparing him for using the couch, he would-and the situation avoided in which he would make it a cause celebre. Having had conveyed to him a feeling of permissiveness with regard to physical mobility, he would feel freer to get up and move around when under increased tension. He would do so with the knowledge of what he was doing and how he was doing it. Hopefully, with this greater knowledge of the problem of actingout and our more extensive understanding of the use of the couch, fewer such patients would act themselves out of analysis and more would come to accept and use the couch in constructive ways.

CONCLUSION

This discussion, I hope, exposes the invalidity of the question: Is the couch better than the chair? The productive question is "What position and what moving from one physical position to another is better at a particular time for a particular patient to help move analysis forward more effectively, with a saving of energy and time, and a minimum of unnecessary pain?" The discussion of the use of the couch opened up the question of how to help a patient avail himself effectively of the advantages of physical mobility in the analytic situation. We can then ask how we can use physical mobility to support and encourage all dimensions of mobility in our patients for helping them grow toward self-realization. The discussion of the couch led to the difficult problem of acting-out and of the way more patients can be helped-and can use the couch effectively in getting that help.

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ON DAYDREAMS

PAUL LUSSHEIMER

DAYDREAMS are a universal phenomenon occurring in normal persons as well as in individuals with psychic disturbances, but there is a great difference as to the character and function of daydreams, depending on innumerable factors.

Standard dictionaries define daydreams as "castles in the air; reveries filled with pleasant visions and anticipations." Although this definition holds true for most daydreams, the statement that daydreams are pleasant is not true in all cases. Daydreaming is the result of conscious thinking with its definite logic and of unconscious thinking which has its own logic.

Bleuler¹ described two ways of thinking: the logical or realistic thinking in contrast to the autistic or dereistic thinking. By logical or realistic thinking Bleuler meant the kind of thoughts which derive from contact with reality. Dereistic thinking, however, is that kind of thinking where, to give a literal translation, "the thought desists or deviates from reality; the thoughts are directed by emotional needs and disregard to a large extent the principles of reality." Dreaming is essentially an expression of this secondary mode of thinking. But daydreaming, while predominantly dereistic, has enough logical ideation to justify the assumption that it forms a third categorya mixture of realistic and dereistic thinking.

Varendonck² studied daydreams following Freud's concept. Freud, in an introductory remark to Varendonck's book said, "It is advisable, when establishing a distinction between the different modes of thought-activity, not to utilize the relation to consciousness in the first instance, and

to designate the daydream, as well as the chains of thought studied by Varendonck, as freely wandering or fantastic thinking, in opposition to intentionally directed reflections..."

The content of daydreams can be traced back to sources which are either experience or identification, but certain other elements of them cannot. Both experience and identification are modified according to the needs of the individual. Enjoyable impressions lead to an identical reliving in daydreams, while suffering may be and usually is corrected, so that it becomes enjoyable. Any experience from the beginning of life, whether remembered or not, may be source material. A happy childhood experience will be lived through again and again; in later years it may return in a modified form, according to age and to the purpose it serves.

As in the case of dreams, there is also a tendency to correct the experience. But while in the dream the past experience emerges independently of the will of the dreamer, the daydream is started voluntarily and a correcting repetition is possible. We see this in cases where a person feels humiliated about his inability to cope with a situation. He relives the situation over and over, but corrects it whenever emotional dissatisfaction becomes disturbing. How often a person will repeat the same experience in daydreams depends mainly on his ability to effect this correction and also upon the importance which the daydream assumes in the further course of his life.

The second source of daydreams-identi-

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fication—is stimulation which a person receives as a witness to some happenings that, despite his passivity, become emotional experiences; or it is the result of impressions generated by the spoken or written word. Frequently, the identification is not a real repetition of what a person heard or saw, but will be adapted to his needs.

All these elements are to a large extent influenced by environmental conditions and are an expression of the culture in which an individual lives. Reading matter plays a very great role; the printed word comes alive for the reader, especially in novels, short stories, detective stories and, as far as the child is concerned, in fairy tales. Biographies and travel descriptions furnish material whose effect is often greatly enhanced by illustrations.

The day-dreamer uses not only a presentday figure or environment, but elements taken from the past. It is often surprising in what ways the past and present are brought together and admixed, so that an anachronism in a daydream does not only stun the objective observer but is fully accepted as an impossible construction by the daydreamer once he starts to analyze the elements of his daydream. This is one of the interesting features the daydream has in common with the real dream. But the difference is that in a real dream the dreamer has to accept what the unconscious offers during sleep and cannot correct it until after waking up. The daydreamer, however, although he may realize the anachronism while he is daydreaming and although he could correct it, maintains the inconsistencies for the sake of the daydream's function.

The identification resulting from stories may be just as strong from listening as from reading; the story-teller plays an important role in the life of the child and frequently the daydream is not only evidence of the contents of a story but shows signs of the strong emotional effect the story-teller exerted upon the daydreamer. Even if the story was told in childhood, certain parts of the story, or the story as a whole, may be remembered at a much

later time and become the source for adult daydreams.

In discussing identification as a result of listening, there may be added the very important mechanical sources from which daydream elements are taken: radio, television and movies. The hero of these stories may become a source of identification, either as himself or the part he plays.

Material for a daydream may derive from real dreams. The pleasant experience of a dream can be held over by the dreamer and relived in a daydream. In certain cases a dream is reproduced with such photographic precision that one marvels at the sharpness of the dreamer's perception. In other instances an improvement is made on a dream so that the daydream is more favorably adapted to the needs of the daydreamer. An especially interesting change takes place when an individual uses an anxiety dream or fragments of it for the purpose of daydreaming. We see hereand sometimes even more pronouncedlythe same thing that can be observed in a daydream which represents the reliving of a painful experience. The individual modifies and corrects on and on, until everything that is unpleasant and stands for anxiety has been removed.

FORMS OF DAYDREAMS

The daydream may appear in three forms among which the most frequent is the daydream fragment. A daydream fragment is a reverie, usually of very short duration, in which a past experience or idea is experienced and occupies the imagination for a certain period of time but fades out without necessarily having reached a happy ending. As will be seen later on, the daydream fragment is a normal incident in everybody's life and plays a considerable role as a means of falling asleep. A person going to bed in the evening will, after turning out the light, relive a past experience or imagine something he read in a story or something that was told to him, and while he daydreams the conscious mind withdraws and sleep sets in.

Another form of daydreaming is that which Varendonck has called the "chain of thoughts." This kind of daydream can be described as an aggregate of dream fragments which follow each other in a form resembling that of free association, that is, the subject is changed time and again, but there exists a connection between the links of this chain of thoughts which can be uncovered if properly studied. Varendonck started his study in connection with his personal experience of anxiety due to the imminent loss of his position. Every night before falling asleep, he had a "chain of thoughts" which served the purpose of planning. He studied these chains of thought and the various forms of daydreaming, which he described as ranging from the extreme of the almost purely wishful daydream to predominantly verbal thoughtconstructions.

Varendonck finds that daydreaming strongly influences our waking life, not only by absentmindedness and distraction, but by becoming the source of errors and mistakes.

The third form of daydreaming is the "continued story." This is the most interesting form and its study is a very valuable aid in understanding the personality structure. The continued story is one that starts from small beginnings, grows into great fantasy structures, and goes on for years or even decades. These stories are experienced in a form which can be best compared with the magazine stories of the last century which went on for hundreds of instalments through many years. The daydreaming individual lives a double life-the life of reality and the life of the continued story which arises not only when the demands of reality are small but at any time, even when the individual is in the middle of his work. In this case the continued story absorbs part of the daydreamer's concentration and results in absent-mindedness. The concept of the continued story has been explored in a number of very interesting studies by Learoyd and Taylor3, Julius Moses⁴, and Anna Freud^{5, 6}.

The first comprehensive study on continued stories was made by Learoyd and Taylor of Wellesley College in 1896. They based their study on an investigation of

school-children, students and a group of middle-aged people. A classification of six main types is given:

1. The fairy tale.

2. The tale of martyrdom.

Both of these are characteristic of early childhood.

3. The romantic story.

4. The adventurous story.

Both of these belonging to late childhood and to early youth.

The ideal type. Confined to no particular period.

The practical story. Characteristic of maturer years.

This paper was valuable because, for the first time, the relative frequency of "continued stories" was established and conclusive case material presented.

CONTENT AND SIGNIFICANCE OF DAYDREAMS

The childhood daydream has always been considered a normal phenomenon and important for the development of the child. Bleuler says that the child grows up with the faculty of daydreaming. "The child does not have to learn to have fantasies but has to learn not to use his fantasy where it is unsuitable and to differentiate between reality and fantasy."

The content of the child's daydreams is essentially determined by frustrations, unfulfilled desires, and a feeling of disappointment. The understanding of the economic and social inhibitions that grown-ups possess is missing in the child. The child tries to live in a world which is not potentially hostile, and if the experience of his young life proves to him the fallacy of his wishful thinking, then an attempt is made to mitigate the disappointment concerning the bad world by withdrawal into a fantasy world, like the world of the fairy tales or of the stories he hears or reads. Freud7, whose interest in daydreams was first aroused by the case of Dr. Breuer's patient, observed that the patient expressed "very sad, often poetic fantasies, daydreams as we would say." Talking about her daydreams resulted in a feeling of liberation from psychic pressure.

Freud felt that daydreams "served wish fulfillment and correction of life and have predominantly two aims-namely, the erotic and the ambitious." He felt that there are two phases which can be observed in the daydreams of neurotic children, the earlier ones in which the child builds up a fantasy of replacing parents held in low regard with parents of higher social standing. In the second phase, the fantasy leads to a denial of the father as being the real father. In this daydream, the child claims that the mother was unfaithful and that the father was a stranger. Freud remarks that in both phases vindictiveness and a need for retaliation play an important part.

There is no doubt that in many cases the daydream is a means of diminishing basic anxiety and of neutralizing the feelings of basic hostility, and it is more than conjecture that for the child the daydream is significant as a preventive against neurosis. The structure of the daydream is molded accordingly: the child who feels weak and helpless either becomes powerful himself or is protected by a powerful helper. Doubting the parents in real life strengthens the belief in Superman in daydreams.

In childhood, and even more in adolescence, the daydream has significance not only as a healing agent against disappointments and frustrations, but also as a medium for planning and healthy character formation. The child in his play, whether with real toys or with other items that serve as props for his fantasy life, will do some planning which may become most influential in his decisions and actions in later life. With the beginning of puberty the daydream becomes the outlet for the awakening of sexual feelings. Now, even more than before, the daydreamer is the hero of the daydream, or a real or invented figure with whom he can be identified. The daydreamer makes his hero one of the two types which are conventionally described as the "masterful type"-e. g. Superman-or the "suffering" type.

In studying the personality structure, attention must be directed toward the type which the dreamer represents in his daydream, whether one type or the other, or as

may happen, both of them, alternately or together as two different figures in the same daydream. This phenomenon has the same significance as in the real dream and is even more valuable in the study of daydreams because of the existence of conscious elements.

The hypothesis frequently expressed in the past that daydreams disappear after childhood or puberty has been proved to be wrong; it was the fact that the daydream is the best-kept secret of the individual that led to this erroneous assumption. There is enough evidence in studies by psychologists and psychiatrists that the absence of daydreams is unusual and must be considered a symptom of the suppression of a normal human trend. Occasionally, it is the psychoanalyst's experience that someone will reveal that he cannot allow himself to daydream because he is afraid of losing contact with reality.

The daydream may play an essential part in the personality development because of its corrective and anticipatory function. By corrective is meant that the reliving of a painful experience eliminates the pain and, in certain cases, prevents recurrences of similar incidents. The daydream also dramatizes situations as they might occur in the future and prepares for them. And it may be a substitute for unfulfilled wishes, even for such wishes as a happy life with a family, traveling, and so on.

At a later age daydreams have as their chief content experiences of the past. They usually deal with pleasant experiences to which self-invented pleasant fantasies are added, and they serve to mitigate pain over mistakes made in the past, especially in cases where, in reality, the mistakes are the source of an unpleasant or uncomfortable present.

The daydream a person has before falling asleep serves the purpose of preparing him for sleep. Anxiety can be banished by flight into fantasy, as F. Scott Fitzgerald 8 wrote in his famous story, *The Great Gatsby:*

". . . The most grotesque and fantastic conceits haunted him in his bed at night. A universe of ineffable gaudiness spun itself out in

his brain while the clock ticked on the washstand and the moon soaked with wet light his tangled clothes upon the floor. Each night he added to the pattern of his fancies until drowsiness closed down upon some vivid scene with an oblivious embrace. For a while these reveries provided an outlet for his imagination; they were a satisfactory hint of the unreality, a promise that the rock of the world was founded securely on a fairy's wing."

The effect of such fantasies may in certain instances lead to distortions of actually existing situations; a strongly unrealistic element enters a real situation and may occasionally have a detrimental effect. The difference in the structure of the daydream in the psychically normal person as opposed to that of the neurotic and psychotic person becomes evident if we understand the way in which the neurosis and psychosis have developed.

For the understanding of the daydream, the factors of culture and era must be considered, and the content of the daydreamdue to its conscious elements-reveal whether it can be considered the daydream of a psychically normal or abnormal person. There is, first of all, the factor of the use of language and images which give us valuable information. Some authors, e. g. Sachs9, have indicated how the use of words and pictures varies with the intensity with which the unconscious operates in daydreams. More may be learned from the way the individual lets his figures talk in his daydream and how these figures appear in the images created by the daydream. The normal person usually uses normal, everyday language, or at least a language whose content is close to real life. The neurotic person and the pre-psychotic use a flowery language in such a way that it takes quite a thorough semantic study to understand what the daydreamer tells himself; he himself often does not understand the dialogue until in an analytic interpretation the secret of his cryptic language has been uncovered.

In one of the cases I have observed, the daydreamer repeated the figure twenty-two time and again in a continued story in which he was the employer and talked to employees or to influential friends. No doubt existed that the figure had a special meaning and it was only much later that it was revealed as involving the recollection of the most painful incident of his childhood. His domineering mother had made him very angry when he was a young boy but he never had dared to resist her unjustified demands. During a picnic which was held on the 22nd of June, his mother scolded him for something that was not his fault. In a short-circuit reaction he lifted a stone and threw it at his mother. The stone hit her on the head and she had a slight scalp wound. For the rest of the day he was an outcast among the whole group with whom his family was picnicking. Everybody was against him, and while the experience of this day often came back to him at later times it was only the investigation in connection with his daydreams which revealed the significance.

The interpretation of daydreams may proceed along the same lines as dream interpretation. In dream interpretation it would be a mistake to come to any conclusion without considering the facts known about an individual—that is, the previous history and circumstances in which he lived at the time of the dream. The same principle must be applied to daydreams, and it is especially important to start from the conscious elements in investigating what the whole daydream means.

FUNCTIONS OF DAYDREAMS

In order to understand the personality structure of the daydreamer an investigation of the function of the daydream in each individual case is needed. The daydream may be a temporary escape from reality. This in itself is normal; it gives release from tension in times of pressure and anxiety, and any one of the innumerable methods man invents in order to find this release can help him to be better prepared for functioning in real life.

The daydream plays a particularly important part in the life of the neurotic person. Escape is the most important factor, but in contrast to the normal person, the escape is connected with energy consump-

tion practically absent in a normal person. The normal person daydreams as an escape because it is pleasant and helpful, but he would be able to go on functioning in real life without daydreaming, and daydreaming means to him something that he considers as a part-time activity which he can take or leave. The neurotic, however, in his fear of pain and with his feeling of insecurity, is driven compulsively to his daydreaming. It becomes a must. He resents the practice but feels he cannot do without it. The struggle against daydreaming and not wanting to daydream creates guilt feelings and anxiety. But once the pattern of daydreaming has been sufficiently established in the neurotic person as a compulsive need, it acts like a drug and the habit formation becomes stronger and stronger. In addition to the waste of energy caused by the struggle, there is waste of energy due to the time consumed when reality makes its demands and leads to increased guilt feelings about the waste.

In looking for a more general description of the daydream of the neurotic person, it appears as an expression of the pseudo-solutions which Horney described in *Our Inner Conflicts* and in her lecture on the "Role of the Imagination in Neurosis." ¹¹

The fact that a child's basic anxiety and basic hostility can be sources of daydreams which permit him to keep away from the unpleasantness of the real world, or to get back at those who are responsible for his suffering, was mentioned before. The more that specific neurotic trends develop in an individual, the more value daydreams have for the individual, because the trends that the individual has to hide from others may become, in overt or covert form, subject and substance of the daydreams. In a way, the daydream becomes a dramatization of the structure of the idealized image and, although not known to the daydreamer himself, it contains a variety of these trends which, incompatible as they may be in their indiscriminateness, finally become compatible and lead to a pseudo-integration.

The reasoning, as it can be done in a daydream, serves the purposes of the neurotic extremely well. In contrast to reality, the daydreamer does not encounter the un-

avoidable laws of logic. He has the capacity to initiate the daydream at will, to repeat it at will, and to modify it at will, until it has taken a shape which convinces the daydreamer of the truth of his logic. In this respect the daydream is quite different from the real dream which has its own logic but is uninfluenced by the conscious wishes of the dreamer.

Innumerable examples could be given for the appearance of hidden trends in daydreams: the compliant employee who, in his daydreams, calls the boss names and humiliates him; or the aggressive housewife who makes the life of her husband miserable but daydreams of herself as the affectionate, loving, understanding woman; or the shy, frightened person who daydreams of being a hero on many occasions, as Thurber¹² has described so masterfully in "The Secret Life of Walter Mitty."

TYPES OF DAYDREAMS

The types of hero were mentioned before: the masterful type and the suffering type. In trying to understand more about the personality structure, this classification of types can be very helpful in showing how a person tries to overcome his neurotic suffering. While he lives a life in imagination (Horney 13), the daydream verbalizes the way he copes with his suffering, either as a master, with a belief in solutions by magic, or as a sufferer resigned to suffering without hope of relief.

An example of the suffering hero type is a former patient of mine saw herself in all her daydreams as an abject slave who had to scrub the floors fourteen hours a day; her daydream fantasy was strong enough at times to make her feel backaches which were devoid of any organic origin.

This kind of suffering reminds one of the pre-psychotic conditions in which daydreams often become important indications of what is going on in the patient. The individual who carries in his daydreams the whole burden of the world can be either the severe neurotic who begins to see the mass of his compulsions and starts to get rid of them, or he may be an individual who, overwhelmed by the burden, gives up his contact with reality and withdraws into a psychosis. One helpful finding for the differentiation between pre-psychotic and neurotic conditions is the existence and discontinuation, respectively, of daydreams. The patient who gives up daydreaming is often on the verge of a psychosis. In many instances the daydream is a protection against the transition from the pre-psychotic to the psychotic state. This has a certain similarity to the neurotic conditions where disappearance of the inclination to daydream is an indication of a severe hopelessness against which the daydream serves as a bulwark. The steps in the development of this hopelessness can be described as: hopelessness in terms of reality, but a still-existing hope in life in the imagination which then finds expression in the fact that daydreams are generated and in their content. In this case, the conscious mind is still strong enough to cope with the destructive trends brought to the fore from the uncontrollable unconscious. If this equilibrium between conscious and unconscious suffers another disturbance, expressed in the receding ability of the conscious mind to initiate daydreams which give at least a spark of hope, the disappearance of daydreams indicates that the highest degree of hopelessness has been reached and the danger of self-destruction is imminent.

EFFECT OF DAYDREAMS

In pointing out that the function of the daydream is escape, we have to keep in mind that for the normal person this means a temporary escape from reality and that the inevitable return to reality finds the individual in an improved condition. In contrast to this, the neurotic does not benefit from his daydream as far as his real life is concerned, and the pre-psychotic may prevent a psychosis by the way in which he experiences his daydream.

We can differentiate constructive and pathological effects resulting from daydreams. Among the constructive values, planning is the most important outcome. The individual, stimulated by a good experience or, even more, by reading or writing, may have a daydream in which he starts out from an existing situation. He may then let his fantasy wander freely or fix the direction. Not infrequently the result will be an insight which, after the return to reality, is made use of profitably in the real-life situation. Most interesting is the observation of the manner in which the daydream becomes the instigator of artistic creativity. Sachs' study gives very interesting information on this matter.

Sachs was undoubtedly strongly influenced by Freud's paper, "The Poet and the Fantasies," in which it was said that "the daydreamer hides his fantasies because he feels ashamed of them and if he would reveal them, his listeners might feel repelled or at least indifferent. The real poet understands to disperse these feelings: he attenuates the character of the egoistic daydream by veils, disguises and alterations."

Sachs, in elaborating on Freud's study, says that poetry "is a social phenomenon in the fullest sense." Poetry can be considered mutual daydreaming; the poet shares his fantasy with an unlimited number of partners. But, in contrast to the daydreamer who is the hero of the story, the poetic creator eliminates himself from his creation sufficiently so that every member of his audience may be able to project himself into the story.

This "socialization of daydreams," as Kris 13 has called it, is what makes a piece of writing, painting or music into a work of real art.

Also among the constructive values resulting from daydreams are hobbies. A large number of people devotes time to hobbies which represent the fulfillment of wishes of childhood and adolescence. Groups are formed, and they experience a group daydream; the fear of revealing the secret of the daydream is overcome because the group formation makes the content of the daydreams a socially acceptable matter.

The observations of Frieda Fromm-Reichmann¹⁴ point in the same direction. While she warns against overevaluation of daydream interpretation in analysis, she accepts the idea that besides escapistic elements there are creative values in daydreams, "... Daydreams and their creative

transformations can function as preventive mental hygiene for the dreamer. Frequently this also holds true for the daydream of noncreative people, who keep them in their private reverie world. Their daydreams may furnish temporary substitutes for the frustrating aspects of their actual lives, which otherwise may lead to the development of

emotional disturbances."

A phenomenon which has been and still is frequently misunderstood, even by psychologists, is the transgression of the borderline between truth and fiction under the influence of daydreaming. The daydreaming of children is very often the source of lies which, if studied carefully, give valuable information about certain trends which may lead to a neurosis. That is, lies that come out of the blue and whose motivation is a need for admiration or approval or affection-a desire to find recognition where frustration and disappointment have caused anxiety. The world of the liar as formed in daydreams may find such a strongly realistic expression that the liar does not have a real idea that he is lying until the "real reality" proves the fallacy of his fantasies resulting from the daydream.

Daydreaming may become a means of coping with one's neurosis, but it also shapes the expression of a neurosis. Horney, in discussing the role of the imagination in

neurosis, has this to say:

"The neurotic individual develops a need to live in the imagination when the inner psychic pressure becomes intolerable. Here he transforms his ideas about himself and the world in accordance with his unconscious need, and thus achieves a sense of equilibrium. Although he may possess real potentialities for what he idealizes in himself, the main purpose of this self-idealization is its function as a solution for conflicts."

The daydream is a force through which living in imagination is maintained. Whenever there is a need to make adjustments to life situations, the neurotic puts into motion the mechanism of his daydreaming exactly as a normal person would mobilize his realistic thinking. As long as the daydream permits solutions which satisfy, does not

clash with the demands of reality, and does not reveal the gap between imagination and reality, the individual maintains, externally at least, his easily disturbed equilibrium. The reaction of the daydreamer to the daydream in neurotic emergencies shows an ambiguous character. He is both enchanted and repelled by the daydream, and it depends very much upon the proportion of those two feelings whether the daydream will be acceptable any longer.

THE INVENTED PERSON

One specific phenomenon deserves mention in this connection. That is, the appearance of an invented person who, as has has been observed in certain cases, becomes the partner in a continued story and has all the qualities yearned for by the individual-an idealized self. Children who suffer from loneliness invent another child, a dream brother, sister or friend, and the grownup, in his estrangement from the self, does not experience the glorification of his self by being the hero of his daydreams, but makes an invented person the hero.

It was indicated above that the daydream may be a pseudo-solution serving to prevent a nervous breakdown. In studying the circumstances under which such a breakdown takes place, one finds that the individual's anxiety interferes with the normal movements of daydreams. It becomes particularly evident in the continued stories and in the type of daydream Varendonck called "chain of thoughts." In the latter, the intensity of the anxiety prevents the daydreamer from having a sufficient number of pleasant links in his chain of thought to protect him from the impact of an intolerable conflict. In such situations it can be observed that there is a change in the mode of the daydream formation. The duration of the single links is shorter, the intensity of the unpleasant links greater, and this quantitative and qualitative change is reinforced by the repetitiveness of the unpleasant links, so that the individual flees from daydreaming and dangles between a world of imagination and reality.

History, as well as the experience of psychiatrists' offices, brings up one phenome-

non which belongs to the most difficult and still-unsolved problems of psychiatry: the so-called pseudo-hallucinations, Certain persons have visual or acoustic sensations which doubtless are not the result of actual stimuli. They are experienced very vividly, as if they were real, but with an understanding of their unreality. Whether these pseudo-hallucinations should be considered as pre-psychotic phenomena has been discussed by many students in the field without being satisfactorily answered. The phenomena are undoubtedly the outcome of very intense daydreaming, and many of the individuals experiencing daydreams with such intensity start to act on the basis of the call of the inner voice experienced in the daydream.

From this it is only a relatively small step to the hallucinations of the schizophrenic or the delusions of the general paretic and the paranoid patient. The system of delusions and hallucinations shows many of the characteristic features we find in daydreams.

It was shown earlier how the real dream may influence daydreaming. Just as important is the influence of daydreaming on nightly dreams. This has been beautifully described in Charles Lamb's¹⁵ famous essay, "Dream Children, a Reverie," in which the writer sits at the fireside and daydreams about a non-existing family. While he daydreams he falls asleep, but the story continues in his dream. Freud has pointed out how important the day-residues are for the formation of the dream. Among them the content of daydreams, and of certain emotional elements of the daydream, become an important part of the nightly dream.

THERAPEUTIC VALUE OF DAYDREAMS

The question still exists whether the analyst should solicit each patient for the presentation of all his fantasies during the analytic sessions. It is a problem related to the similar situation concerning the reporting of dreams. In discussing the report of childhood experiences in psychoanalysis, Freud⁹ indicates how distortions are made by the patient and how truth is frequently mixed with fiction. The analyst, says Freud,

is confronted with a great difficulty because if he points out to the patient that the latter is about to bring fantasies to the fore, then the patient loses the incentive to produce material which might be of greatest value. If, however, one lets the patient get away with his fantastic reports about the past, then the therapist risks being reproached by the patient later on for having accepted these things without at least showing a critical and skeptical attitude. The proposal to put equal value on fantasy and reality does not meet with the approval and understanding of the patient for a long time. Freud then explains fantasies as a product of the neurotic's needs which are just as important for his neurosis as actually experiencing their content. "These fantasies possess psychic reality in contrast to the material reality, and we gradually learn to understand that in the world of neuroses the psychic reality is decisive."

The analyst, aware of these insights and equipped with the tools of theory, should not be afraid of tackling the problem of his patients' fantasies but he has to use good judgment as to when and how to initiate a discussion of them. Some may fear that encouraging the patient to talk about daydreams might lead to a point where the analytic sessions are altogether involved with fantasy tales. However, as long as the analyst lives up to his assignment to "conduct" the analysis, he will be able to prevent an inundation of fantasies. as he will always be in a position to prevent prolific dreamers from making the analytic sessions exclusively dream sessions.

In order to make it easier for the patient to talk about his daydreams without guilt feelings, the therapist can point out to his patient that most people have daydreams at one time or another before they fall asleep. These presomnial fantasies are extremely valuable in psychoanalytic work and, in most instances, the patient will present some of this fantasy material, even in cases where he is still reluctant to talk about his dreams. If a patient refuses to talk about his presomnial fantasies or insists that he never has any, the conclusion may be that there is a very strong blockage. The element of

anxiety which in all cases is at least one factor in the origin of fantasy deserves a few special remarks. No matter what kind of daydreams an individual has-whether short or long ones, whether with changing subject or in the form of a continued story -somewhere one will always discover anxiety, however deeply buried, as a cause of the appearance of a daydream. The persistence of certain daydreams during psychoanalysis is usually an indication of the unmitigated anxiety caused by the prospect of having to look more closely at oneself. It is usually a prognostically favorable sign if the patient reports that his need for frequent daydreams diminishes. The thoughts of the patient are sufficiently absorbed by constructive planning, and the previously existing anxiety has begun to subside. As a patient succeeds in coming closer to an awareness of an inner conflict, it often happens that the daydreams he previously mobilized against the anxiety can no longer be produced. The individual who used to have presomnial fantasies which lulled him to sleep becomes incapable of concentrating on them and cannot fall asleep, or falls asleep only after a long period of turning and tossing around in bed, while his thoughts focus on unpleasant experiences of the past and frightening perspective of the future. If sleep then overcomes him, it is not a restful sleep but one disturbed by nightmares. While the dream material of such anxiety dreams often is lost and the patient does not remember more than that he had a nightmare, reconstruction of fantasies of the period preceding the intense anxiety helps in the understanding of the underlying disturbances. As a substitute for missing dream material, or as a supplement to fragmentary dream material, the study of daydreams is valuable. This holds true for all kinds of dreams, not only for those which have just been mentioned.

SUMMARY

An attempt has been made to emphasize the importance of daydreams in psychoanalytical work. Daydreams, although they occur in every human being, show specific manifestations in neurotic and pre-psychotic

individuals and may disappear in severe neurotic and in psychotic conditions. During psychoanalytic treatment, change of the character and of the frequency of daydreams is a helpful indicator in the observation of the patient. Daydreams are a valuable substitute for and complement of dream material. Because of their great value for diagnosis and prognosis, and in therapy, consideration of the various forms of daydreams seems to be indispensable in psychoanalysis.

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NOSTALGIA

ALEXANDER R. MARTIN

OMESICKNESS has been a dominant theme for the great poets and writers of all times. The Bible, Homer, Hippocrates made frequent references to it. In Psalm 137, it says: "Yea, we wept when we remembered Zion," and, "How shall we sing the Lord's song in a strange land." Homer tells us that Ulysses wept and rolled on the floor when he thought of home. Hippocrates wrote of a quasi-identification between the human races and the place or climate in which their development was accomplished. He noted that whenever the people of the mountains, plains or prairies were sent to another country, a terrific perturbation always followed them and that from the moment of birth, people seemed to be impregnated by topographical influences. Caesar mentions that homesickness was frequent among the Centurians of Helvetian Gaul.

MEDICAL HISTORY

The term "nostalgia" was first used by Johannes Hofer¹ in 1688 in a thesis presented to Johannes Harder, doctor of Philosophy and Medicine and professor of Anatomy and Botany at the University in Alsace. Its derivation from the Greek nostos, a return home, and algos, meaning pining, gives us the literal "pining to return home." Hofer was the first to describe this condition as a clinical entity.

What is significant for us in psychiatry is the fact that in 1688 the effect of emo-

tions and sentiment upon body health was being considered. This thesis of Hofer's is an important milestone in the history of psychological and psychosomatic medicine. The early literature² and the early cases of nostalgia were from Switzerland and from Swiss authors, giving the impression that the Swiss were particularly prone to homesickness. In the Seventeenth or Eighteenth Centuries, the condition frequently was called Schweizer Krankheit. In the second printing of Hofer's thesis, Zwinger mentions the "sweet melody of Switzerland, which produces homesickness in everyone who hears it." Not until ninety-six years after Hofer was nostalgia first reported among people other than the Swiss.

Hofer described his two cases as a sickness quite similar to Schweizer Krankheit. His description of the symptom is noteworthy, "Persistent thinking of home, wanders about sadly, scorns foreign manners, seized by a distaste of strange conversation, inclined by nature to melancholy, bears jokes, slight injuries and petty inconveniences in the most unhealthy frame of mind, makes a show of delight of the fatherland, meditation only on the fatherland, disturbed sleep, insomnia, decrease of strength, hunger, thirst, senses diminished, weakness, anxiety, palpitations of the heart, frequent sighs, stupidity of the mind, smothering sensations, stupor and fever."

Hofer believed that nostalgia was more frequent during the Fall and Winter

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seasons because of the melancholy thoughts and feelings which he believed were aroused by the dead leaves and the cold, hazy sun. His main comments on etiology reflected the humoral theories of his day. He believed the disease originated in the inner parts of the brain, where the animal spirits were supposed to dwell. The dominant thought of home, he explains as being due to the migration of the animal spirits, a condition which was supposed to thicken the blood and retard the heart and, when not relieved, terminate in death. Purgation was recommended. Prognosis was dependent upon whether the individual could return home. Then, in a passing comment, Hofer touched upon one of the fundamental principles in our modern psycho-dynamic theories: "They do not know how to forget their mother's milk."

Following Hofer's dissertation, there appeared many articles on the subject, mostly by medical men.³ However, we should note that although it had gone beyond the province of the poets to the province of medicine, nostalgia never attracted the degree of scientific interest warranted by its universal occurrence.

A search of the medical and psychological literature over the past thirty years shows relatively little data on nostalgia. Yet the Surgeon General's office today lists nostalgia, or homesickness, among the list of standard diagnoses. This indicates a specificity and an understanding of the condition which is completely unsubstantiated by the literature. Flicker and Weiss4 point out that nostalgia has been surprisingly overlooked by psychiatry. Beardsley Ruml5,6 says, "Nostalgia is older and more fundamental than human nature itself and all people of the world, all ages and all temperaments, weak and strong, are more or less susceptible to it." Yet, not only has this condition been neglected, but the literature shows considerable ambiguity, inconsistency and confusion.

Willis McCann,⁷ in his most intensive and extensive research, mentions the following as typical physiological symptoms: "respiratory disturbances, palpitation, circulatory disturbances, high blood pressure, cessation of the menstrual flow, night sweats, vague erratic pains, glandular disturbances, secretory and digestive disorders, vomiting, diarrhea alternating with constipation, severe hectic fever, and in severe cases, delirium, convulsions and stupor." Typical psychological symptoms include loss of appetite, nausea, the sensation of a dead, cold weight at the epigastrium, the feeling of being "all choked up inside," a lump in the throat, a funny, "empty" feeling in the stomach, smothering sensations, a surging fear that something dreadful is about to happen at home, listlessness, loneliness, tears, an irresistible longing for home, inability to think of anything except home, and in severe cases, melancholia, hopelessness, fainting spells, illusions, hallucinations, and delusions. Hall⁸ pointed out that the anabolic processes seemed to be reduced progressively to a minimum, whereas the katabolic processes seemed to be increasing progressively to a maximum. Willis McCann says that "nearly every symptom known to man has been interpreted at one time or another as nostalgia." This broadening of the whole symptomatology since Hofer's time certainly shows that the subject has had an appeal to the medical mind, but for some paradoxical reason very little of a scientific or research nature has been done about it.

HOMESICKNESS AND CRIME

After Hofer's paper, nostalgia became an extremely popular diagnosis for many forms of incomprehensible behavior. According to Jaspers,9 homesickness and crime were related for the first time in 1795, when a servant girl, terribly homesick, set fire to the home of her employer. Investigation of a ten-year-old known to have had spells of anger and fighting, who deliberately choked another child to death, led to the supposition that the deed was the result of an attack of homesickness. In 1801, a girl believed by some to be a victim of nostalgia was condemned to death for starting two fires. Marc, cited by Jaspers, said that when nostalgia came at puberty, it would take

one of two forms-melancholia or pyromania. Jaspers stated that when there is no clear motive for starting fires, the real reason for such behavior probably is homesickness. Several cases where extreme homesickness supposedly led to the committing of murder also were reported by him. He did not believe that severe nostalgia always would cause criminal behavior. He argued that homesickness is a form of behavior superimposed upon individual circumstances and weaknesses, and considered it absolutely necessary that the personality of the individual and all the circumstances of the crime be thoroughly understood before attempting to decide whether or not the crime resulted from homesickness.

Carpenter and Haenszel¹⁰ made a study of the relation between migration and criminality in Buffalo. Using 100 felons with a controlled group, they found certain correlations, but were unable to show whether initial criminal behavior followed or preceded migration.

HOMESICKNESS AND PSYCHOSES

Using immigrant Austrian and German domestic servants, Isaac Frost in 1938 presented a lengthy and excellent study of "Homesickness and Immigrant Psychoses."11 He studied forty cases of psychoses which came to him over a six-year period. The common experience of all these patients had been their recent absence from their homeland. All were victims of economic circumstances and came to England to work. Only one of the forty was a political refugee, which suggests that perhaps such refugees do not break down so frequently.

The immigrant psychosis in most of Frost's cases occurred within eighteen months of arrival in Britain. The onset may, however, follow immediately on debarkation, or be delayed for two or three years, or even longer. Sixty per cent of the cases recovered within about a year, or improved sufficiently within that time to justify repatriation.

Frost states: "The forms of mental disorder met within the forty comprise acute confusional states, acute schizophrenic,

paraphrenia and involutional forms. Rarely, reactive depressive and twilight states occur. Endogenous, manic depressive insanity is rarer still. (McCann7 stated that the greatest incidence of nostalgia in psychotic cases occurred among the affective group.) Bodily reactions may be seen in all the above forms, loss of appetite, toxemia, vegetative nervous changes being among the most common, and being most likely to be found in the acute confusional and acute schizophrenic types of disorder." He goes on to say, "Despite the diversity of personality types, there is a striking uniformity of symptomatology, course and prognosis. No rigid separation of personality from milieu is, of course, permissible. The question is always how much personality? How much situation? In assessing the relative importance of these factors, however, I am inclined to put most weight upon milieu." He adds that conflict between family ties and herd or group feelings among immigrants excites homesickness.

In evaluating Frost's study, we regret his failure to use controls. We do not know what proportion of all immigrants entering Britain developed homesickness. Nor what proportion developed psychoses, and of those who were homesick, what proportion became psychotic. We can see nothing in the study to show that any particular type of personality suffered, nor any convincing specificity whatever as to the type of psychotic reaction.

PSYCHIATRIC DIAGNOSES

Approaching homesickness from the Kraepelinian standpoint of descriptive diagnoses, we find little mention of the subject and considerable disagreement among the authorities.

Braun¹² places homesickness among the psychogenic reactions. Contrary to Frost, he sub-classifies homesickness among the personality, rather than milieu, reactions. Constitution determines the form of the reaction and the experience the occasion. He divides personality reactions into four groups—depressive reactions; exposed reactions; fits; and twilight states, stupors and

bodily symptoms—and places homesick reactions in the fourth group. Braun, therefore, agrees with Kraepelin, who brings together wandering states, fugues and the impulse to set fire as typical of the behavior of half-grown, weak-minded servant girls, torn away from their family and unable to find emotional contact with the new place.

Blueler,¹³ summing up the subject of homesickness, accepts the account of Kretschmer¹⁴ that homesickness is a reaction depression, to be classified with exaggerated or false similar reactions like screaming, attacks of rage, etc. In Frost's series of cases, hysterical phenomena were strikingly absent.

Wittson, Harris and Hunt¹⁵ wisely attempt to subclassify. "Homesickness," they say, "is a mild reaction depression with insight, whereas cryptic nostalgia is a home fixation without insight or overt signs of emotion. The latter is found in seventeen-year-olds in the Navy during their first separation from home and entrance into a strange, confusing world. The subject is apathetic, preoccupied, and although he tries, he is slow to learn and generally unsatisfactory. His spontaneous talk is about home. Intelligence tests suggest feeblemindedness or schizophrenia."

ETIOLOGY

In the following attempts to discuss etiology, the confusion results partly from the overlapping of descriptive and dynamic psychiatry and psychoanalysis and partly from a failure to subclassify nostalgia.

Since Hofer's time, the few attempts made to establish correlations in the etiology of nostalgia have proved inconsistent and contradictory. There has been no definite connection established between race, age, sex, intelligence, culture, or early physical environment and the incidence or susceptibility to nostalgia. There is wide disagreement throughout. However, there has been a strong inclination to regard those with a rural background as being more prone to nostalgia. Regarding personality, from all the available literature, there is general agreement that severe nostalgia does

occur in certain types of individuals, but there is considerable disagreement as to what that type is.

In McCann's¹⁸ study of college boys and girls, those who were most likely to suffer nostalgia were found to have the following characteristics in their personalities: emotional instability, introversion, an inclination to substitute day-dreaming for action. Self-consciousness and feelings of inferiority were significant only for the homesick boys. Most agree with Widal¹⁷ that the nervous, sensitive, timid, quiet and morose succumb to nostalgia. Kline¹⁸ adds that it is the plodding type, the hod-carrier of the world. Hall,¹⁹ on the other hand, says the stable and staid home-lover is the type.

Flicker and Weiss, from their experience in the Armed Services, regard nostalgia as "an apprehension that temporary separation will prove fatal. It represents the dread of being alone, a reaction to submergence of the ego in the crowd and a flight from the painful present into autistic pleasure of thoughts of home." "Nostalgia is more liable in those whose absence from home is forced. It varies with adaptability and . . . with socialization and education. Most cases in the Army were very young and from rural areas. To free themselves from homesickness, men may commit any delinquency not socially or morally abhorrent and thus become disciplinary problems. They tend to be hypochondriacal and various somatic diagnoses are made."

Eisendorfer²⁰ comments: "It occurs among draftees who have never emancipated themselves from parental ties and is characterized by panic and agitated depression, with a minimum of somatic complaints. (This differs from Flicker's account.) Because of a restricted life, there is unawareness of previous conflicts. Therapy is directed toward new identifications and shifting dependence to the powerful organization of the Army. This is substitutive, but initiates conditioning which may lead to satisfactory adjustment in the Army and perhaps eventual emancipation."

DeMonchy²¹ states: "Nostalgia, one form of expression of pathological relationship of child toward his parents. Ambivalent attitude toward the parents. There is a positive feeling, but on the other hand, there is a fear that an unconscious desire for their death should be realized." He applies this conception to the classical observations of Jaspers on crimes arising from homesickness. DeMonchy believed that Jasper's patients were silent, super-sensitive girls on the childish level of development. "Only after much begging to return was refused by the mother, they came to their deeds of despair. These are the classical cases. There is an ambivalent inclination, a longing for home and a negative inclination caused by the severity of the mother."

Nicolini,²² also using Jasper's study to elucidate dynamics, states the following: "In typical cases, the young girls are forced away from home to serve as housemaids. The real cause of homesickness is incestuous libidinal fixation as in the Oedipus complex. Homesickness without a criminal outcome is a vain attempt to achieve repression. Where there is criminality, the attempt is successful in finding a symbolical situation."

Many authorities, including Hall, have indicated that overt homesickness frequently vanishes after some act of violence, excitement, fighting, anger, etc. Jaspers pointed out that among the criminals he studied the symptoms of homesickness always disappeared the moment a crime was committed because of the excitement aroused by engaging in violence. Gross²³ believes that nostalgia victims seek powerful sense stimuli as a means of overcoming their feelings of dejection and oppression. These sense stimuli usually take the form of the noisiest and most exciting pleasure possible, but sometimes they appear in violence, arson and even murder. Where there is no apparent motive for criminal violence, Gross says to look for homesickness. He cautioned, however, that the person who gives homesickness as the reason for his crime is probably a malingerer, because he believes that where homesickness is the motive the individual is never aware of the fact.

There are those who would say that these

contributions indicate that relief from nostalgia comes from "living out hostility." However, if we adopt another dynamic approach, and relate morbid nostalgia to total involvement in severe inner conflict, we could say that the individual avoids full consciousness of this total involvement by externalizing, localizing, projecting—not the hostility, but the conflict itself in toto. That is, relief, or at least change, comes when the internal conflict finds overt and external expression in conflictful violence with others and/or with authorities.

A fuller discussion of these last-mentioned theoretical considerations will come later, but this seems an appropriate place to bring out that the somatic symptoms in some instances of morbid nostalgia and the criminal violence in others are not introjections and projections, respectively, of hostility, aggression, destructiveness, etc., but are moves to localize, dissociate, or limit the area of conflict expression in order to avoid awareness that the conflict is within and is totally involving.

McCann does not introduce any of the dynamic theories in current psychiatric or psychoanalytic thought. He dismisses instinct theories as purely metaphysical and without any value. He also says, "Environmental theories fail to explain why environmental changes cause nostalgia in some individuals and not in others." He inclines to the theory of Conklin,24 who states, "In cases of homesickness, there seems to be an abandonment of certain patterns of stimuli (sic!) which are accompanied by pleasant, agreeable things, and which are associated with the cranial division of the autonomic nervous system. Abandonment of these patterns of stimuli arouses fear, distress and feelings of inferiority which are associated with the sympathetic division of the autonomic nervous system. Thus, the individual is placed upon an emergency basis with the strong, uncontrollable desire to return home which usually cannot be satisfied. In the wake of this condition, come all the symptoms associated with nostalgia."

In his paper, which reflects Freud's thinking, Fodor²⁵ relates nostalgia to the wish to return to the womb, a wish for a Shangri-la, a land of milk and honey where there is no effort, no conflict, and everything is provided for. A helpful contribution to dynamics from the Freudian viewpoint is given by E. Sterba in his paper, "Homesickness and the Mother's Breast." 28 Lindner²⁷ believes that the Oedipus situation is chiefly responsible for pathological homesickness but that an underlying weak, insecure personality is a contributory factor. H. C. Rumke²⁸ states: "True homesickness is a yearning for the surroundings in which one was bred and this is biologically founded. Pseudo-homesickness, however, may be neurotic or psychotic. An excessive libidinous attachment for the mother, a neurotic way of coping with life's problems, or a compulsion to leave the place where one is, rather than a true desire to return home, may masquerade as homesickness."

CASE HISTORIES

I would now like to add some more particular and specific data, which may throw further light on dynamics, particularly those mentioned above by Rumke. The following individual histories illustrate one type of nostalgic syndrome, typified by reactive and compulsive reversals of the attitude toward home.

Three times this man left home, each time going thousands of miles away. The first time, after a few years, he became sick and had physical symptoms with no organic basis. He returned to his home town. Again he left. While away, his parents died and he returned to live in the old family house. Again he moved. While away, he sold the house. The new owners destroyed it and built a gas station on the same site. After several years, he returned, gave up his profession, bought the gas station and lived and plied this trade on the spot where the old house had stood. At present, he suffers from a severe neurosis with many vague and fleeting somatic complaints for which no organic basis has been found.

The subsequent history of many individuals who suffered in early life from severe overt homesickness show this complete reversal of attitude toward home, characteristically of a compulsive, all-or-nothing quality, and indicative of what Rumke would call pseudo-homesickness. One young girl suffered severely from homesickness at camp when she was eight, nine and ten. Now at sixteen she shows extreme and overt resentment against the family. Recently she said to her mother, "I hate your guts. I can't wait till I get away from this place."

Another girl suffered from very severe homesickness during her late teens. So much so that she was taken out of boarding school. In her late twenties, she became more and more withdrawn, refused to leave the family, had severe depression. She underwent shock therapy and intensive psychotherapy for years. By the time she came to me, she was in her early forties, a very passive person, self-effacing, subject to depressions, greatly retarded, dull, lethargic. Early in analysis, without any direction whatever from me, she insisted that leaving home and getting away from her mother showed what she called "healthy independence." Accordingly, with the family's money, she rented an apartment some distance from her mother's home. She spoke of this as growing up, as maturing.

Talking about clothes one day, she said, "I can't part with those dresses. They have a nostalgic feeling. What am I holding onto? I should get rid of the debris that is holding me back."

(What comes about the nostalgic feeling?)
"In a sense, it is an inability to look facts
in the eye—wishful ideas—some day I'll be
slim enough to wear it again, yet I know it
is ridiculous. I bought that dress in my early
twenties. I could not bear to part with it."
(What about the early twenties?)

"Those were the years when I hoped I'd marry—years I was useful and in hope of life, and then I slid and broke my neck. Defiance now. I'll show you I'll have a life. I'm mad. I feel cheated. Something in me. I'm going to be ruthless. I'm determined to have a life. I have a right to make my way in the world. Tickled that I don't have any family encumbrances. I'm so happy with my little setup—telling jokes and having so much fun."

Yet the true fact that she had never

broken away from her mother came to her one day when, in the midst of her elation and pleasure at being in her apartment, she noticed a certain furtiveness about her behavior. She said she felt "like a kid playing hooky from school." Finding herself furtive revealed to her that, in reality, the relationship between her mother and herself remained unchanged, that she was still a little girl, that she was not working free of her mother, but merely defying her.

Consider the following dynamics. This girl felt too weak to admit her total involvement in internal conflict. Her feeling of insubstantiality and fragility acquired over the years, in large part because she had cut herself off from life, made her sense the imminent awareness of her own complete involvement as intolerable, annihiliating and uncontrollable. Total involvement, then, in external conflict was her unconscious, protective preference. Authority and responsibility were now outside herself, which she moved toward and against, strictly on a hedonistic, conditional, reward-and-punishment basis. The dynamics here are similar to but not identical with those stressed by Karen Horney in Our Inner Conflicts.29

In the following, a forty-year-old patient is expressing nostalgia that occurred in his twenties: "My trips back home after I had begun to work for a living. Went every weekend. Good times. Good talk. I look back with a kind of horror. My goodness, I could have spent the time more creatively, expanded life instead of returning to an old stage of it. I might have even worked—written—I always wanted to write."

(What else about return?)

"Real pleasure, rarely missing a weekend for six years. In a way, if I had the foresight, or insight, to what was happening. Rupture of the bond occurs when children go away to school. Then both get used to it. Our society's way of removing the young from the nest. If I had really, for whatever reason, not returned home very much, if I had made the major break, it was the adult formation of the bond. Another way of saying this—I had such feelings of inse-

curity when I started work. After five years, I was still tightening in the pinches, needing help to get out, going back to the parents and getting their assurance that what I did was right. This got to be a habit—this seeking reassurance."

His subsequent history shows a complete overt reversal. He overreacts against his mother, expresses fear of possessiveness by her. Resents any physical contact whatever with her. Is detached. Afraid of his feelings. Highly objective, ultra-scientific and compulsively intellectual. Completely unable to

The foregoing data from patients reveals nothing new. We see clearly the conflict which Karen Horney regarded as the neurotic determinant of basic anxiety, that is, the conflict between existing dependency on parents and rebellion against them.30 What then can be gained, from the point of view of nostalgia, by considering this admittedly deep-seated conflict from which so much psychopathology is said to derive? Does this merely substitute love of home for love of parents, neurotic need for home for neurotic need for parents? Does the shift in terms give us any deeper understanding? I believe an approach to this basic and recognizable material in a new light-in terms of nostalgia-gives us a wider perspective and a new orientation, mainly because it must take into account the analogous phenomena found in all animal, fish, bird and insect life-namely, the homing and migratory behavior patterns.

NOSTALGIA AND THE "HOMING INSTINCT"

Most authorities agree that symptoms similar to nostalgia in man are to be found in dogs, cats, cows, horses. Here certainly the factor of domestication has to be taken into account, but the possibility of a more basic biological tendency cannot be ignored.

In research on the homing instinct, more work has been done on orientation than on the biological drive that impels the organism to leave and return to its home. We must first learn what stimulates and affects such a homing drive or tendency. All the factors that initiate the back-and-forth rhythm demand investigation. After that,

how these lower and higher forms of life find the way to and from home is another matter for research. The following are meager samplings from a voluminous literature on the subject.

Work has been done on the homing tendency in certain stick and leaf insects³¹ where apparently the tactile cues were the dominant factors in orientation. Visual determinants were very low. In regard to bees, Wolf³² and Rau³³ have found that the mature bee can return to the hive after being taken as much as a mile or two away, but that the younger the bee, the less successful the homing seems to be. At middleage, only fifty per cent returned to the hive. Therefore, age and experience are important factors in the homing of the bee.

After a study of Chinook salmon, Rich and Holmes³⁴ felt that the homing instinct is not a purely hereditary matter, but determined largely by the early environment. Studying the return of the cod, W. C. Schroeder³⁵ found that temperature starts the migration to the west and south beginning in October, and that the fish return to the grounds in March and April.

The homing behavior and migration of turtles has also been studied. They leave during the breeding or hibernating season, and when removed as much as a mile away will return to the same habitat. The movement away from home takes place in the Spring and late Fall. Among birds, we have the classic example of the homing pigeon. And as a measure of the impelling nature of this drive, we learn that the homing speed of the swallow is greater, the longer its distance from home.

Highly significant data on homing comes to us from a study of Wilson's Petrel. In the British Museum of Natural History's Scientific Report of 1940,³⁶ Roberts states: "Wilson's Petrel breeds in the Antarctic, migrates a distance of about 7000 miles each way. For eight months of the year, the birds probably never come within sight of a landmark, yet return at almost the same date each year to the same burrow and mate. Oceanic migration of this type raises the problem of orientation in its most difficult

form. In view of such facts, it is extraordinary that the visual memory is still quoted as the most satisfactory explanation of the way birds orient themselves during migration." Here again, main concern focuses upon orientation, rather than upon what initiates the leaving and returning home.

DIFFERENTIATION AND THEORETICAL CONSIDERATIONS

We have to consider nostalgia first as behavior which expresses a rhythmic, evolutionary growth process; second, as behavior which expresses an escape from life, a return to the womb, a "death instinct." A biological inclination to return home as a source of strength, as an active urge to keep in touch with our roots, has to be differentiated from the reactive compulsive urge to return home. We should, therefore, follow the lead of Rumke and a few others, and make our first differentiation between biological hometurning and acquired, pseudo or pathological homesickness, between natural hunger for home and neurotic hunger for home, between nostalgia and nostomania.

The difference between nostalgia and nostomania is not quantitative but qualitative. Nostomania indicates the existence of morbid anxiety. Such anxiety accompanies the imminent emergence into consciousness of intense, totally involving internal conflicts acquired in childhood. Anxiety becomes more severe as the individual becomes more aware of this total involvement in severe inner conflicts. Discouraged in childhood from expressing or participating in conflict, the individual comes to feel too weak to withstand and control his total involvement in conflicting feelings. There is a narrowing of consciousness and a detachment from reality. Now, in place of admiting and feeling his total involvement in internal conflict, he externalizes, and feels total involvement in external conflict with others whom he moves toward and against. As mentioned before, the individual's whole life now proceeds on a hedonistic, dualistic, conditional, reward-and-punishment basis. Should total involvement in the internal conflict become imminent, the protective

externalizing is intensified. The compulsive urge to return home may manifest itself overtly as nostomania while the compulsive defiance against the authority, against being drawn toward home, that is, the nostophobia remains latent.

This picture, as exemplified by the patients I mentioned, may show reversals. These reversals may be frequent, occasional or rare. Where rhythm prevails, this would be extrinsically determined. With some the manifest picture remains unchanged. What determines these reversals remains highly controversial, but certainly one step toward clarity would be the differentiation between nostalgia, nostomania and nostophobia.

True nostalgia is active and derives from a holistic concept of life and growth, particularly growth in consciousness, with Eros personifying and idealizing the basic longing for greater awareness of our wholeness. Nostomania and its counterpart, on the other hand, are reactive. These are derivatives of a dualistic conception of living. The existence of this dualism, however, can be seen as symptomatic of the individual's inability, for various reasons, to admit his full involvement in internal conflict. Obviously, none of these attitudes toward life, holistic or dualistic, is to be found in pure culture in any one individual. In our transition toward Holism, which involves greater responsibility and the abandonment of a strictly hedonistic philosophy, we can anticipate considerable resistance. And the form it will take in the culture will follow that which we have seen taking place in the individual. With some, there will be an intensification of nostomania, with all that this implies, liberally and poetically. With others, nostophobia will be intensified, with all that this implies.

NOSTALGIA AND CULTURE

Beardsley Ruml considers nostalgia in the light of Gestalt psychology and makes a strong plea for its acceptance as a basic biological drive which far transcends the egoic elements, and is not to be confused with a desire for security. He indicates the all-important role that the "nostalgic sentiments" play in social institutions and in the foundation of patriotism and nationality. He states: "Failure to recognize the fundamental and non-egoic character of the nostalgic has resulted in imperfect psychological analysis and, worse, in the development of a naive, hedonistic calculus, which pervades the social sciences and seriously affects their applicability to problems of statesmanship and social control." The educational and psychotherapeutic implications involved in a more thorough study and understanding of nostalgia, and its clear differentiation from all the reactive attitudes toward home, are far reaching and confront us with great and immediate re-

sponsibilities.

As mentioned above, any forceful and hurried attempt to make the individual more aware of his total involvement in internal conflict is met by an intensification of compulsive conflicting attitudes toward authority, i.e. by overreactive movements toward and against the home, literally and/or figuratively. As we have come to see more clearly, these compulsions become idealized by the culture as virtues. The prevailing cultural tendency to discourage demonstration of feelings curbs the expression of true nostalgia and nostomania. We find at the same time the compulsive reactions against the home and authority, against the past and tradition, against the emotional and the earthy non-intellectual, all being glorified as independence and expressions of healthy growth. Looked at more closely, such individuals are in conflict with their compulsive movement toward home and authority. Their compulsive desire to be free effectively blinds them to their compulsive desire to return home. Certainly, the individual who goes halfway round the world to get away from his parents-from his home—is in no sense independent. "You can't go home again," the theme of Thomas Wolfe's book, holds true only for those who are anxiety-driven and victimized by intense, acquired internal conflicts.

In the early years of psychoanalysis, emphasis was placed upon making the individual independent of parents, independent of the home, and the uninhibited behavior

of the formerly reserved and inhibited patient was regarded as a triumph. What we really had here was a shift from compulsive compliance to compulsive defiance, with the entire behavior of the individual being an expression of a protective externalization of inner conflict, which, because of weakness, he was unable to internalize and to feel as solely and totally involving him.

Failure to recognize nostophobia for what it is, the resulting neurotic contempt for emotion and the cultural glorification of all intellectuality have interfered seriously with the natural biological and rhythmic hometurning, or true nostalgia. St. Paul in Ephesians, Chapter IV, perhaps sensed something of this in the prevailing culture when he said that those who "walk in the vanity of the mind" have "the understanding darkened," are "alienated," and "past feeling."

In the Army, few boys are able to express their homesickness. If demonstration of the manifest feelings of homesickness is repressed, then even greater loneliness descends upon the individual. The expression of all homesickness feelings must, therefore, be encouraged because, regardless of the amount of compulsive movement toward home, there is always a quantum of the biological nostalgia asserting itself. By cutting off letters, music and other reminders of home which may produce agony, sweat and tears, the individual pays the price of feeling cut off from others. The price paid for this detachment is very high because, along with the feeling of being cut off, there are empty and hollow feelings. The world loses its meaning. What would have been emotion is kept underground by cynicism, feelings of futility and hopelessness. Nothing makes sense, nothing matters, and there is complete demoralization.

NOSTALGIA AND RHYTHM

I consider rhythmicity and persistence of rhythm an inescapable biological fact, one that is insufficiently considered in psychoanalytic technique and formulation. When Freud was advocating free association and relaxation, he was advocating a surrender to what is essentially a natural rhythmical process. To my way of thinking, there is a fundamental rhythm in the biological nostalgia which has not been recognized and which has been seriously interrupted and interfered with.

True nostalgia, in a literal and figurative sense, involves a healthy surrender to the rhythmic biological inclinations to return to the past, to our beginnings, to childhood, to sleep and to the unconscious. This occurs insofar as there is freedom from severe, acquired, inner conflicts, and when allowed to express itself will prevent their development.

If we refer to Ruml's paper,6 we cannot escape the similarity—dynamically, objectively and subjectively—between what Ruml describes as the positive, nostalgic, ecstatic feeling and the "aha" or "eureka" feeling which characterizes sudden insight. Insight and creativity are possible only to the extent that we fall in with this natural, biological rhythm.

In my paper on the dynamics of insight,³⁷ I indicated that creative insight and growth in awareness never occurred at the peak of mental effort, but rather during the process of relaxation. In a sense, relaxation is a return home, a return to the past, to sleep, to childhood, to the perceptual, to the organic and the "what" of things; to what Spafford Ackerly calls "the central core." Just as sleep is not primarily an escape from life, neither is relaxation. It is a natural and rhythmic inclination to get in touch with the darker reaches of ourselves, to tap the resources of the unconscious and the unknown.

Growth is a rhythmic power, represented graphically as an ascending, wavy line with each dip representing the inclination to return home analagous to the sleep interval, rest, relaxation and the diastole of consciousness. We see that the compulsive, intellectual individual is unable to permit a rhythmical diastole of consciousness, the rhythmical return to the perceptual, the unconscious, to nature, to home, to sleep.

The educational picture today depicts the resistance to a surrender to the healthy,

biological homing tendency. The tremendous emphasis upon technocracy, intellectualism and cold dialectic processes have served to glorify and idealize the compulsive movement away from home. Fewer and fewer students are warming themselves around the creative fires of poetry, music and art, or the glowing embers of the liberal arts and the humanities. A return to humanism will bring with it a healthy respect for nostalgia and an encouragement of the nostalgic tendencies. Evidence that we are breaking away from our compulsive involvement in a dualistic philosophy and are moving toward Holism is contained in the statement of Dag Hammarskjold of the United Nations when he said, "The intensity of a man's faith in life can be measured by his ability to say yes to the past and yes to the future."

CONCLUSIONS

I have tried to differentiate between true nostalgia, which is related to a biological and rhythmic homing tendency, and an acquired compulsive nostalgia with its counterpart, both of which are related to morbid anxiety. I have suggested that the term "nostalgia" be confined to the biological rhythmic phenomenon and the terms "nostomania" and "nostophobia" be used for the compulsive movements toward and against the home and whatever home means, literally and figuratively. The compulsive tendencies as a rule are arhythmical and unpredictable but are subject to cultural rhythms, whereas true nostalgia is predictable and is subject to biological rhythms.

I hesitate to use the term "homing instinct" and would rather think of nostalgia as a diastolic phase of the growth rhythm, which is true not only of man, but of nature as a whole. And certainly there is in this connection the so-called homing instinct of insects, fish, birds, and animals to be kept in mind. That growth of the whole personality or growth of any particular faculty follows a rhythmic principle, we learn from teachers, coaches, educators. In this developmental cycle, the child reaches a certain peak and then falls back, as it were; he re-

turns to home. This natural rhythm in the educational developmental process must be recognized as such and when the young individual returns, it is important that rejection does not take place. Always after a phase of rapid development, whether it be scholastic, athletic, artistic, there is what has been referred to as a slump. At this point, the teacher may feel frustrated, and the ambitious teacher particularly may become impatient. On this natural return for strength. if not rejected, the individual surges forward to a still higher point of development. If rejected on this natural return, the healthy surge to a higher level fails to take place.

I have used nostalgia as a starting point to explore the tendencies, inclinations and conflicts connected with returning home in a literal and figurative sense. The rhythmic tendency to follow the path back home, back to our beginnings, meets with many obstacles; first, externally, because our culture has tended to take flight from the past and what is emotional, sentimental and oldfashioned. The present slavish adherence to technocracy which has neglected the humanities and liberal arts is symptomatic of a reluctance or inability to traverse the path that leads back to our beginnings, back to home. Second, there are internal obstacles, as revealed in the analytic session. The difficulties in returning to the past, particularly in the compulsive-intellectual type of personality, represent one of our greatest problems in technique. Illumination of this whole subject of nostalgia will perhaps provide justification for greater use of the psychoanalytic technique of returning to the ontogenetic and phylogenetic past, to memory, recollections, and greater reliance upon free association and contemplation of what is going on.

With nostalgia as a point of orientation, there is a fascinating prospect. The view is promising and exciting. Of course, as human beings, we are inclined to see what we want to see and we tend to maintain our emotional blind spots, so as I scan the field of psychopathology and psychotherapy from this nostalgia perspective, due allowance must be made for the personal equation,

both as to my choice of orientation point and what I see from there.

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GOALS OF ANALYTIC THERAPY A PERSONAL VIEWPOINT

NORMAN KELMAN

A NATTEMPT was made in a recent course¹ to discuss healthy and neurotic alternatives Man creates. It was found by the participants that the presentation and discussion of the pathological material was far more abundant and well defined than that which considered the healthy alternatives.

This paper is an attempt to state more clearly the goals of psychoanalytic therapy, those healthy alternatives we are out for in our treatment of patients. This is particularly important since assumptions, goals and methods are intimately related. It is often stated that having preconceived goals encourages the analyst to mold his patient and thus create a Pygmalion-like relationship. However, if goals are not contradictory and contain the notion of freedom and individuality, this is not likely.

Of greater importance is the fact that we do operate with assumptions, whether we are aware of them or not. Contained in the seeming clarity of our descriptions of pathology there are standards against which we are measuring. In analysis, when we speak of blind spots, or the analyst's neurotic remnants affecting therapy, we are speaking of unconscious assumptions of values. Thus, the analyst who has difficulties in human relations may overvalue independence and support those trends in a person which isolate him still further from people, although in the sincere belief that he is moving toward greater self-reliance.

Starting with the fact that we have a preconceived point of view, it is then our responsibility to be aware of this and to question its inner consistency and its relation to our methods. That they not be mutually contradictory is important if we agree that the pathology we are out to reduce is basically an inner dividedness.

Means are important determining factors in the ends we achieve. In analysis, for instance, a method which involves a master-disciple relationship will hardly result in encouraging the capacity for mutual relatedness. Likewise, an analytic emphasis on intellection, proof and logical consistency is not likely to introduce the validity of feelings.

The neurotic person is in a real sense distorting or perverting his energies to ends antithetical to growth. But he is not absolutely destructive. It is the analyst's task to help the patient to an awareness of whatever is destructive and to encourage his interest in any available constructiveness. Buried within, enmeshed in the tangle of neurotic values, dulled by numbing of feelings, diminished by self-hate and scorn, are the constructive forces or energies of oneself. Through the analytic relationship and the analytic process these forces, in a sense, become reclaimed for growth. It has been our experience that the patient is best able to attack the neurotic structure when he has some firm ground on which to stand.

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It would be in the interest of furthering the analysis, then, if we were able to help the patient to avail himself at every opportunity of his own strength. This, of course, would entail our knowing and being able to detect these inner resources, even when hardly perceptible. To this end greater clarity would be an aid to improvement of therapy.

To summarize, we do make assumptions, whether or not we are aware of them. It would be in the interest of improving theory and therapy if we were able to be clearer as to our goals. This would enable us to make more congruent our method, the analytic relationship and our goals. It would assist in the detection of the constructive, even when hardly perceptible,

dividedness more vigorously.

THE ANALYSTS' GOAL

and enable the patient to reduce his inner

One of the most important contributions made by Karen Horney² to analytic theory and method is contained in the poignant question, "What do you want, really?" The emphasis is on the significant "you," a you that wants, is out for something; in short, is purposive. What are we analysts out for in therapy? A first general statement would be that we are out to help a person toward self-realization. More cryptically, we speak of the goal of therapy being the Real Self. But that immediately raises many questions which range from the meaning of Real Self to the basic questions as to the value of self for the human being.

Sherwood Anderson, in his "letters," for example, says: "The disease we all have to fight against all our lives is, of course, the disease of self." He goes on to recommend writing as a way of life "because it forces

us away from self toward others."

The principles of the Perennial Philosophy, whether its particular expression be Christian, Hindu or Buddhist, emphasizes mortification and dying to self, to use the terms of Aldous Huxley. True enough, as Huxley points out, "this self-naughting" is never regarded as an end in itself. It posesses only an instrumental value, as the indispensable means to something else. This

attitude toward self will be further discussed, but at this point I merely want to indicate that not all persons interested in human beings and their goals are in agreement that self is a valid, a proper or valued

goal.

There is no intention here to prove that the goal of self-realization is better than another goal which might be termed the Absolute, or "becoming One with the All." These are different notions, and each will reflect not only different philosophies, but will involve different methods of achieving them. As analysts, our concern is to recognize their contradictoriness, and to become clearer within ourselves as to what we are out for.

THE TEMPORAL FRAMEWORK

Characteristic of our humanness is that we are temporal and spatial creatures. Our being and becoming has a history which has an end in death. Within this temporalspatial framework we have our being, with all its physical, spiritual and psychological aspects. The experience of one person, well along in his analysis, will illustrate some of these factors. He one day felt deeply troubled and restless, pacing back and forth in his home, from one room to the next, from the bookshelf to the icebox, two places that had formerly afforded him some food to stop his restless feelings momentarily. But this time he knew there would be no meaning to a book, no quiet from food. Nor, as he related it, did he feel any desire for such fare. Then, in the midst of tumbling, half-finished thoughts, as though at first mere words, and then a thrilling, singing cadence, came lines from a poem by Walt Whitman:5 "I stand in my place, with my own day, here." As these words sang through him he felt firmer, stronger, simpler, humbler.

He felt at once at peace and an enthusiasm to share his feeling, not with everyone, not with anyone, but with someone, in this instance, his wife. Here was emerging, in the course of analytic work, a deep, substantial affirmation of himself which marked a milestone and gave a foothold for further

growing.

There is much significance, too, in the passage from Whitman itself. It is a statement of the space-occupying, temporal creatures we are. We are not heroes or Gods, nor does the framework of eternity apply to us. Let us take this space-occupying aspect and ask what significance it has for our goals and methods. If our assumption is correct that our ends are contained in our means this goal of a substantial self will involve attention being paid to all the indications of embodiment. It will involve not the mortification of flesh, leading to nonattachment, but the returning to the flesh its nobility, its spirit, its vitality by careful sponsoring of its cries and undermining of those tendencies which are out to deny it.

MOVING TOWARD SELF-REALIZATION

Some details from the analysis of a fortythree-year-old man illustrate the increasing substantiality of a person moving toward greater self-realization. This man came to analysis with the feeling that life was running down, that he had failed in all his efforts at happiness-and this despite personal and material resources greater than the average. He was wealthy, inherited a fortune, but never succeeded in any business venture. From a city existence, surrounded by his friends and his family, he had retired to a small rural community of gentlemen farmers and foxhunters. The pervasiveness of his withdrawal from life became more evident when, with increasing awareness, he discovered that his library shelves contained no fewer than a dozen books on retirement insurance and investment plans, as well as ways to spend one's leisure in old age.

A year before he began analysis he suddenly became blind in one eye. This was diagnosed as a detached retina. Carefully examined and checked weekly by his ophthalmologist, his vision returned to almost normal with the aid of corrective lenses. However, the post-retinal hemorrhage still remained unabsorbed for this entire twelve months:

Another factor was that for a number of years he had been unable to function satis-

factorily in his sexual relations and was under constant fear of losing the affection of his wife.

After six months of therapy he dreamed he was putting on his coat and found it to be too small. On awakening, out of curiosity he noted the feel of his coat as he dressed and discovered that in fact it felt snug. This occurred despite a gain of only two or three pounds in weight. He also recalled that recently he was no longer able to pull on a pair of custom-made riding boots. To my comment that "perhaps the sap is beginning to run," he laughingly replied that in the past week he and his wife had found each other more alive sexually and that he was quite free of his previous fear of impotence. He added that he was planning to check with his tailor to see if there actually was a change in dimensions, or whether the old coat had shrunk. Incidentally, one had to consider that there was no actual change in size, but that he was a person beginning to feel, and to become aware of his binding clothes. But subsequent information, which then and still now seems mysterious, indicated a definite change in physical size, even an increase in his hat size.

Perhaps the above is related to the following indications of vascular changes. A physical examination was made in connection with his regular check of the retinal condition. The post-retinal hemorrhage, static for a year, had in a matter of six months almost completely resorbed. His blood pressure had fallen from a moderate hypertension to normal. And finally, whereas venipuncture formerly had failed or had been achieved only after repeated efforts, the same doctor now had no difficulties whatsoever in drawing the blood. All this was related by the patient with astonishment and joy, and was confirmed by the ophthalmologist and internist. At the present time, thirty months after the original retinal hemorrhage, the ophthalmological report is "complete clearing of the hemorrhage and normal vision without glasses." Together with this is a healthy turgor of the skin and a generally increased vitality in bearing and gait.

Another characteristic of Real Self which is contained in the temporality of our humanness can be expressed in the words of two people of widely varying experiences. Christopher Burney,⁶ writing of his experience of an eighteen-month confinement by the Nazis, said, "After three months I began to know that variety is not the spice of life, it is its very substance." John Dewey,⁷ in almost the same phrasing, also emphasizes not the "lesser order" of what some call transient, changing appearances, but the substantial and vital quality of that with which we live.

THE NARROW BASE

Neurosis results in the individual's narrowing the base on which he stands, restricting his activities to pursue goals of avoiding pain and suffering, or, for some, to avoid the feeling of triumph or of humiliation. He limits the experiencing of that which arises within him, or from his externality. He may cut himself off from the memory of his own past as well as the imaginative anticipation of his future. He lives in a two-dimensional, barren now.

One young boy, thirteen years old at the beginning of therapy, was unable to recall any event one might call "his history." It was not a matter of a sharp memory loss such as one might find in an organic trauma, but such things as the two or three places he had lived, some detail about schools he had attended, earlier friends and so on, were just not in his memory.

One might say this is not uncommon, and perhaps so. It is also something one might not remark were it not for the change which developed. Along with this were two other phenomena: One, the lack of continuity between sessions, in terms of the boy's conscious recollection of what had been previously discussed, and two, the absence of dreaming—remembered from the past or current in the course of the early months of analysis.

The change which makes all this noteworthy was the beginning of recall, in spontaneous associations, of events and relationships of his earlier years. Then there were dreams, current, but ill-defined by the time he reached his sessions, and finally a clear recollection of dreams which became increasingly clear in form and available for work through his interest.

Coincident with this was marked change in his attitude toward himself, his school and his family. Perhaps the words "greater confidence" in his relationship to people and work describe this sufficiently. But in another way he had begun to look ahead, to the future, to deal with people as though there would be a tomorrow for him and them. He had, in short, increased the temporal area of his life, to include the past as well as the future, and had increased the depth of his relationships. He was open to his own history, to the statement in dreams of his own inner life, to an increased variety of experience.

"AN EMPTY SUIT"

A second illustration is of a twenty-threeyear-old youth who moved so quickly through human relations that it was little wonder so little stuck. He had the most blasé attitude toward himself and toward the values we call good. This was not a cynic, although at times the very cavalier attitudes he assumed came quite close.

Two events which indicate the changes that occurred are seen in the following. He had gone on a wild college weekend, which involved late hours, sleeping with friends in different dorms, goon-squad flying trips to the nearby girls' colleges, to small talk for minutes or an hour at the most, and finally, at the suggestion of one boy, to a bordello.

Here the chips were down and the patient, as though from a blue haze, was shocked into awareness. While the others went in, he remained in the car, berating himself as a coward, hating himself, but also feeling vaguely that he was right not to go in. His friends, with their teasing and their tales of the girls, made him wish he had gone along. When he returned he was still troubled, and embarrassed at not having followed through. The whole quality of his experience and his relating it in his analytic hour pointed to a most constructive possibility that had made itself felt.

This possibility—namely, that an inner good compass had worked for him, despite the many pulls toward conformity, toward being a boulvardier, a "modern" youth—gave him some temporary relief. But of greater significance was that this was the first time he had some notion that he had an inner force on his side.

Shortly thereafter he dreamed he was a suit of clothes walking down Fifth Avenue—no body, no self, just an empty suit of clothes. And then he had two other experiences, which, although different in content, pointed to a more meaningful and deeper

appreciation of his world.

He had been triumphantly dating a girl who was considered by all his classmates as the most exciting in the school. But then he noticed that she always seemed interested in catching a glimpse of the label in his coat or jacket. Together with his own dawning recognition that he was more than a suit or a label, he began to see what his so-called "love" for the girl really was. On that day, as he drove up the West Side Highway to his hour, he saw the George Washington bridge as though for the first time. He had "seen" it often before. But, with wonder in his eyes and voice as he told it, the bridge now seemed full of grace and beauty. "I never saw it that way; maybe I never saw it before."

It's a cold word to say he appreciated it aesthetically in contrast with merely recording it as a fact of his terrain. In a real way he had been able to take it in with his blood. And, like a hearty "good-morning" greeting, it needed no other interpretation.

THE REALITY OF PEOPLE

Another person, becoming more clearly defined himself, came to the awesome realization that as he walked the busy streets of New York he was seeing the faces of people. In place of the blur he had previously experienced—the monotonous sameness about him that writers about the city are so fond of reciting—he saw people. He saw them as individuals, he wondered and imagined what lay beyond them, where they were heading, what bed or board they had left.

He felt that he, too, was in their midst and was a person. Two dreams early in the analysis will emphasize the change that had taken place. One was of his being a correspondent without a passport in Europe, hiding and fleeing in the midst of controversy. In the second he dreamed he was riding in a train. The train seemed to be still, but outside, as though on a painted screen, was a panorama of countryside passing by. Then he began to have the sensation that the train had started moving. The two-dimensional scenes outside became a three-dimensional countryside. The train entered lush, peaceful, creating valley which sudgenly turned into a wild jungle, teeming with serpents. He wakened in a panic. Substance, reality, space and time then were frightening. Now, in the form of people, in the erstwhile New York jungle, they became a source of wonder and awe, of participation and beauty.

The this-world emphasis of the notion of self-realization here presented can be contrasted with the previously mentioned emphasis of the Perennial Philosophy. The question has been asked: How can we achieve the goals of self-realization in our Western civilization, replete as it is with the incessant demands for social intercourse and cultural contradictions? How, it is asked, can serenity be maintained, or even momentarily secured, with the clamor of the world at our door?

In different terms this is the spirit of Freud's remarks in Civilization and Its Discontents.8 It is certainly a legitimate question, apart from the fact that it may also support a neurotic need to externalize to the world. But it is evident that if such a notion of self-realization is held, it would markedly color the analytic work. It would involve a substantially different emphasis on the analytic relationship, substituting a master-disciple relationship for the mutual human relationship. It seems also that such an attitude starts from the assumption that sees the Self as capable of fulfillment only in isolation, an assumption that tends toward despair and emptiness, or to a world outlook that emphasizes the experiences of life as mere appearance, with the "real" some absolute which lies behind things.

ABSOLUTE IDEALISM

This attitude is familiar as the philosophy of Absolute Idealism. It is the thread which runs through Eastern religions and psychology and in the mysticism of the West. But it is also a theme which one can find in some who sincerely believe they are setting up Self as a goal. Emerson,9 one of the most eloquent of our American voices, has written a magnificent essay, called "Self Reliance," in which he says: "At times the whole world seems to be in conspiracy to importune you with emphatic trifles. Friend, client, child, sickness, fear, want, charity all knock at once at Thy closet door, and say Come out unto us. But keep Thy State, come not into their confusion. The power men possess to annoy me, I give them by a weak curiosity."

Stephen E. Whicher, 10 referring to this essay, states it most succinctly. Quoting a passage which begins "Trust Thyself," he says: "What speaks here is self-distrust, a distrust so pervasive that it must find an 'absolutely trustworthy' seated at the heart before it can trust at all. Self-reliance, in the oft-cited phrase, is God-reliance, and therefore not self-reliance."

In our stated goals we have always included direct and mutual human relationships high on the list. We have stated that mutuality in this regard goes with a closeness to our own self. However, the tendency has been often to undervalue the human-relationship aspect. This may lead to overstating the intrapsychic and symbolic material in the work and to insufficient recognition of the value of the analytic relationship for therapy. In the following illustrations the necessary concomitance of human relations, relations with other things and the intrapsychic experience is demonstrated.

A patient, after quite some analytic work, finally experiencing her own innerness, her own being, said: "I still need people, things around me, not to prove anything, but to live with, now that I have found the key

to myself. They served me a purpose in the past; I needed them to feel alive. Now I feel alive, but now I want them to feel alive with. My aliveness is nothing when it is buried inside me. It must come out and be shared with others. I must live it in relationship with others."

NEUROTIC GOALS

The neurotic person is out to prove something—his power, glory, efficiency, love. This is also one purpose of scientific investigation: to gain knowledge, prove it, achieve control over it, so that one can predict the consequences and put them to use. When we have the same attitude toward our fellow men, market value and functional relations take the place of a deep, direct human experience. We have then sacrificed an essential human possibility for an impersonal, alienated existence.

Direct relatedness, without the element of proving something, is one of our goals, whether it refers to human relations or to things. This is the meaning of the following analytic experience of a patient who was an art student with much promise and talent. But for her, painting had become not an expression of herself, but a proof-of herself, her talent, her superiority over others, especially her parents. It became a defiance of values not considered artistic. Hence, Bohemianism and clever, ultramodern abstraction characterized her attitude and work. But throughout this was a pervasive dissatisfaction, punctuated with vicious claims on others that she be recognized as an artist-and this without ever showing her work publicly, not even to those she wished to impress.

She rebelled at the idea that her painting had neurotic elements, feeling that here, at least, was health. "Something my own," she called it. Then came the doldrums in her work. She was unable to conceive of any painting, her colors got muddy. She became gloomy and depressed. During this time her need to prove something with her painting was worked on.

She began to realize two factors. One, she was sending a boy to do a man's job, so to speak. She was asking of her art that

it be her ticket of entry to membership in the human community and at the same time was defeating it as a ticket. Second, she realized that despite its importance as her principal reason for gaining entrance she was not learning the fundamentals of painting. She had shunned drawing, composition, even the essential elements of color mixing. She took hold of the first factor mentioned above—namely, that she was asking proof for her own worthwhileness through her painting.

The next period was rife with human relations. Her claims on others, her externalizing, especially to her parents, her unwillingness to let anyone know her address, all came into the work. She began a relationship with a young man. Her dreams became filled with people. The relationship to the analyst came up. During this time she continued to attend art classes, but with more frequent absences. Very little of her feelings and activities connected with her painting came into the sessions. She herself began to have more definition. Confused, floating feelings departed where formerly they had been frequent when she was with groups of people.

A FEELING OF EXPECTANCY

And now came a return of her interest in her painting, with renewed vigor and with a different quality. She felt in herself a nebulous, undefined something-a force, a feeling of expectancy. For her it was sometimes a feeling of anguish. Here, it seemed, was the expression of a yearning for realization of a most creative urge. But as yet there was insufficient means for realization. She still had enough self-hate to limit her being as the vehicle for realizing this surging force. She was still too enmeshed in difficulty in human relations to trust herself, and she was still not wellenough grounded in her art work to be able to give expression through that medium.

Actually, she then began a more systematic study of painting, in a technical sense, and was more and more able to achieve some approximation of that inner feeling on her canvas. People began to appear in

the content of her work. Depth, perspective, color, movement, life entered the expression of herself whereas before was grotesqueness, flatness, sterility. And at the same time the gains she had made in her human relations were maintained. She had begun to find that with which she could live. Here is one change we seek in our goals: the living relationship with things, not a using of things as a proof, nor an adjustment to things.

Ortega¹¹ has described man as a being who is able to return to his own hearth for refreshing, sustenance, the inner power to renew himself. We would add here that he is also a being who is able to open himself to founts of strength that can pour into him from, let us say, his externality.

The neurotic person, in restricting his life, banks the coals within him and locks the doors to the ones who could bestir the embers that might still glow. In analysis we see this in the difficulty a patient may have in accepting the help of the analyst whose help he has sought. This is not a criticism of a patient, nor is it a matter to be rued. It is the state of affairs which in capsule indicates the patient separated from himself as well as from others. The opening of oneself to a helping experience in analysis is one of the goals of therapy in that the person we want to become is one who can draw on the life around him, and on the other events of nature.

THE LIFE-AFFIRMING QUALITY

This is a far different circumstance from living through others, although the distinction to a casual observer may not always be evident. It is not simply that the person who lives through others is empty, and feels meaningless when deprived of his consort. Nor does it show only by the possessiveness, that rage from thwarted claims and the envy and jealousy. There is a life-affirming quality we seek, and, to use a harsh term, a vampire-like, hungry quality of the neurotic. To say that the one fills and the other empties is a beginning.

The quiet peace of a human relationship, the inner harmony of a person who has worked hard and knows he has given his best, fills with a power, gives an innerness that bespeaks the poetry we all are capable of. A patient feeling this feels poetry. One person could symbolize his own move toward this inner refreshing when he heard the ringing of bells. At one point in the analysis he turned to ask if I did not also hear bells—bells, which rang musically somewhere outside, but maybe they were within him. And each time thereafter, when he came close to himself, when he could be, there was a feeling of tolling bells.

Another patient wakened morning after morning with an inner happy rhythmic meter, as though a song were to be born. But this was often succeeded by a feeling of disgruntlement and irritability in a day otherwise marked by considerable seeming success and effectiveness in his work.

It is possible that he was finding a loss of meaning with pride, vanity, and acclaim no longer so necessary for him, and yet unable to concretize or make formal another meaning. Vanity, like the beautiful weed that took the place of and overshadowed the plant, may leave an emptiness, a bareness that feels uncomfortable, because as yet the plant may have little shape, color and meaning. But now at least it can get the nourishment and the sunshine to fulfill its potentialities.

INNERNESS

But it also could mean something else, and in this case it did. This came out as he recalled the good feeling of the morning. He wished that he could sit himself down and be with that feeling always; that he could put the feeling to rhythm and verse. He had the first ingredient for poetizing. Much more was necessary: hard work, familiarity with words, experience that would enrich his imagery. And more, his fluency lay in another metier. To give actual poetic form to these feelings would not only mean a reorientation of values, but a rearrangement of a great many so-called practical details. A person feels a great need to be with himself with that first feeling of innerness. It is almost as though this newly found feeling were such a tender, subtle thing that we must listen to it quietly by ourselves lest it be drowned in the noise and bustle of everyday life. But when we come to know that this innerness is not only not threatened by the outer, but has in fact emerged in relation to the outer, that it can only grow as it exchanges and lives in relationships, then the disgruntlement and the feeling of threat and fragility to one's emerging feelings changes to the quiet, vital feeling of strength.

To use a most valuable phrase of Karen Horney's, "having a sensitivity for the whole," one can come to appreciate the work and sweat, the feelings for others, the strength within oneself and the threats from within which will enable us, perhaps, not to write poetry, but to give form to, to realize, the often formless but insistent urge we feel when we come alive. Whether it takes the form of poetry or a painting is not crucial. We can give our inner poetry form in many ways—in our tenderness and sensitivity to others, in our love, in our work and our play.

SELF-NAUGHTING

Human beings are born of the union of two people; our growth and development is social, and communal, and our self-realization is never separate from other human beings. The experience of many mystics and a long tradition of Eastern philosophers and religionists—Radhakrishnan¹² being the most eloquent modern protagonist—will question this. They will place the experience of merging with the All, the Divine, as the experience which brings a person to the fullness of life. Hence, self-naughting becomes at once a method and a goal.

Analytic experience, however, which unquestionably involves the collaborative work of two persons, seems not to pass through the experience of being at one with the All. Perhaps this is the consequence of our method, but, if it is, it also seems to have a biological soundness. At any rate, a goal which includes mutuality, becoming open to ourselves and others, moving with people, is congruent with the analytic relationship as we construe it. The self-naughting, referred to above, however, is not.

The goal of reclaiming our own life force, and realizing it in the particular form of "I," creatively with others, has important implications for analytic work. The return of these constructive energies to our Self entails our ability to become involved in inner conflict and to be able to stand naked and unashamed. Hence, the analyst must be one whose whole being makes this unashamedness possible for the patient. He must also be able to involve himself in conflict and work, knowing that within the dividedness of his patient are constructive growth forces. We must do our utmost to hold aloft with each patient not hope, but the substance of hope—the tangible, experienceable healthy possibilities. So much depends on our detecting what could be loved were the killing not so much in the foreground. After all, what would be the harm of efficiency if the cost were not the loss of wisdom, serenity and fulfillment? What would be the fault with the need to be loved were genuine love not the victim? What would be the hazard of the fear of death if the result were not that life itself is thereby denied?

A DREAM OF LIFE

A dream will illustrate this. A person is standing on a busy thoroughfare chatting with a friend. With him is his little girl who at first is patient, then tugs at him to go on with their walk. Without impatience but with firmness he indicates his interest in continuing the talk. The little girl begins to play with her ball as the patient, oblivious to her, goes on talking. It was significant that the content of the talk and the person talked to seemed important and fulfilling, yet neither could be recalled with any definition. Then suddenly he was aware that the little girl was missing. He ran, with increasing fear, mounting to panic, toward a nearby railroad yard. There he found the little girl just about to run for her ball that had bounced on the track. In a desperate race he reached her just before a train that was rushing toward her in great speed. He snatched up the little girl, leaving the ball to its fate, and, exhausted, held her close. Here was the beginning awareness of himself, of a hierarchy of values which he was on the verge of tragically learning. The sensing of the absence of the child and the comparative lack of definition of the chat, the relative worthlessness of the ball, the meaning of a human relationship were some of the elements.

The patient berated himself roundly for his negligence. He should have been more attentive to the child. He should have answered "yes" to her tugs. He should have been more alert and foresighted to the danger of the street and the tracks. True, all this is evidence of pride and shoulds, and are to be worked on. But it is also true that these shoulds, this berating, were taking him away from certain other constructive experiences: the felt anxiety; that he acted for life; that he sensed a lack and could turn to fill it; that he ultimately valued life; that he could put himself fullbodiedly into the effort, and finally the holding of the child close to him-a beautiful symbol of his coming close to himself.

In this are demonstrated constructive and destructive forces. The latter, as the dream was worked with, operated to deprive the patient of a meaningful experience. We must see this clearly and lend our vision to the patient so that the dream and its meaning are not submerged in self-berating.

Conclusion

In conclusion, let me make an over-all statement about neurosis which does not specify any particular type or include any dynamics, but which, I feel, describes the state of affairs.

The neurotic person is divided against himself. He is alienated from experiencing inner feelings, thoughts, imaginings in such a way that inner resources are denied him. What he does experience from within himself is often so contradictory or so little heeded that he cannot create alternatives from which to choose. The neurotic person, deprived of the depth and breadth of inner experience, may rely too much on one capacity—his intellect, his physical strength, his ingenuity, for example—and in fact be cutting himself off from large stores of life's ingredients.

This statement sets the problem for therapy and implicit in it is the goal of therapy. We are out to help a person, with our resources of knowledge and compassion, to open him to himself and to others, to be sensitive to and aware of the whole.

This opening is self-realizing and the way to continuing self-realizing. We are and can become earthy, whole-hearted, full-bodied persons. We are persons conceived in a human relationship and growing with human relationships. We are persons with a history—our own in which we have participated and the biological and cultural history recorded in our body and in the artifacts of civilization with which we live.

We are persons who can imagine and plan, and seek goals and think. These are our resources, from which neurosis alienated us, and for whose return analysis strives. Lusty, spiritual, intelligent, creative add up to human, to Real Self.

To borrow from two of Carl Sandburg's 13 definitions of poetry: The goal of analysis is the achievement of a synthesis of hyacinths and biscuits for a sea animal, living on land and wanting to fly.

In summary:

1) We cannot live without goals, purposes. It is in the interest of us all, and of our therapy, that we become as clear as

possible as to these goals.

2) This greater clarity will result in improved therapy by aiding a greater consistency in method and goal, and perhaps by an earlier detection and availability of constructiveness.

3) If our goal of self-realization is valid, then a method which involves self-elimination or self-naughting would seem an un-

likely road to take.

4) The strength which a person feels is the return to himself of the vitality which was being misspent in the service of his compulsive and contradictory values.

5) Real Self, self-realizing, is a process of growing substantially. It involves whole-heartedness and fullbodiedness in accord with our temporal and spatial nature. Therefore goals based on an Absolute and relying on a framework of eternity are inconsistent with self-realization.

6) Mutual human relationships are an intimate part of our goals. In our therapy, therefore, relationships with others cannot be subordinated to an excessive interest in the symbolic and the intrapsychic. This has much significance, too, for further examination of the patient-analyst relationship.

7) Growth and self-realization come with hard, pedestrian, often undramatic work and change. Insight, enlightenment, sudden openings of wide vistas and refreshing depths are part of our life. But without work, the experience of participation with another—the analyst—is remote. The result may be an overwhelming gratitude for the analyst but a deeper sense that the better feeling came magically. Without the sweat and tears, the feeling of self is tenuously grounded.

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OVEREMPHASIS ON "LOVE AND SEX" A CHARACTER STUDY

WANDA WILLIG

This case presentation is an attempt to illustrate Horney's 1 assumption that "the kind of character determines an individual's sexuality" and not, as Freud postulated, that "the kind of sexuality determines man's character."

The patient was an attractive and intelligent woman in her late twenties, who came to analysis because of severe difficulties in her marriage. Her character structure may be roughly described as that of an extremely expansive, masterful individual with an aggressive orientation toward life, very destructive and self-destructive in her extreme, vindictive attitudes. All of this was mostly unconscious and covered by a layer of manifest sweetness, ready compliance and self-effacement. She lived in the illusion of being a helpless female at the mercy of a brutal society ruled by the male. She felt magnanimous in giving generously of her femininity, not entirely aware that she actually used it as a weapon to conquer the male world. Her living in imagination was so pronounced that her ambitious wishes, desires and fantasies were fulfilled as soon as they were conceived. She also held the firm belief that being "a superman" she could defy any laws to which other human beings are subject. This came into play in her sex life, the only sphere of her existence in which she was alive and constantly making strategic moves to achieve her neurotic aims.

In the nomenclature of classical psychiatry or medical jurisprudence, her pathological sex behavior would be classified as sexual delinquency and promiscuity with sexual perversions. But through analytical knowledge of the unconscious motivations in human behavior, an intricate unconscious process becomes apparent. We shall see how the patient tried desperately to fight for her survival as a human being; how she lived out her conflicts, which actually were to her an impenetrable maze, and how she hoped to escape from her deep-seated and largely unconscious self-hatred.

Since early childhood the patient had been subjected to severe traumatic experiences, especially in the realm of sex. Influenced by cultural values in general, by those of her poor immigrant milieu in particular and, above all, by those of her mother, she had developed distorted emotional attitudes toward sex, a warped judgment of its meaning, role and importance. Thus it had become the only area in which she was able to relate to others and, through them, to herself. She used to say, as many patients do, "I have a sex neurosis"; but she showed her particular brand when she often said about herself, scornfully but very pleased, "I am a 'sexy bitch'!"

LIFE HISTORY

The patient was born in a slum region on the lower east side of New York City.

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¹ Horney, K.: The Meaning of Sex and Sex. Course given at the New School for Social Research under the auspices of the American Institute for Psychoanalysis, Fall-Winter, 1944-1945.

She was one of four children and the oldest girl. The parents, Jewish immigrants from Eastern Europe, were described by her as follows:

"My mother was very neurotic. She never had any education. My father was always jolly, brought his salary to mother. Mother was always sick, a poor housekeeper, untidy, complaining, always telling us that other people had all the chances. My parents were ignorant and neglected us children; we were always waiting on hospital door-

steps."

When she was of school age, the family moved to a small town where they were looked down upon as the poor and low lewish family. The patient felt this stigma keenly and was very unhappy about it. However, she took great pride in being "the brightest girl in class" and "a bookworm." She felt that she "was used" for her knowledge by the other children and the teachers. Things came to her easily; she never studied. This pattern continued in high school and later in college. Although her siblings also were considered unusual and bright, she felt that "particularly much was expected from me." She was told that "the world will hear from you." She succeeded in obtaining a scholarship at one of the outstanding Eastern colleges and throughout her college years supported herself by odd jobs. Her dream was to be either a scientist or a writer. She plunged into all kinds of campus activities. Although in her early adolescence she had been a badly dressed wallflower, which had given her feelings of bitter envy and humiliation, in college she became "the best dancer" and "very popular." She wondered how she managed to pass her examinations, because she never studied; she proudly reported that she not only got high marks but also was voted "the most studious and popular girl in college."

SEX HISTORY

When she was about three years old, her mother went through labor and delivery at home, which frightened the little girl terribly. At four or five she indulged in sex play with a slightly older boy. When he was killed by a truck, she believed that this meant punishment. These two experiences developed in her a feeling that sex brought punishment and had to be feared. When she was about ten, her older brother exposed himself to her and wanted her to join in sex play with him. Terribly shocked, she refused. When slightly older, she attended an orthodox wedding where the adults made coarse and uncouth jokes and the young couple immediately retired to bed behind a curtain. She was "horrified and afraid, but fascinated and lucid in all my observations." Her mother used her as a confidante and complained to her about the father's sexual demands and his coarseness. All this caused her to believe that sex was something despicable. Moreover, when her skin erupted in a juvenile acne before the menarche but remained clear during an eight-month period of amenorrhea thereafter, she felt sex was something dirty, to be ashamed of. She claimed never to have masturbated or touched herself until after marriage. She felt that sex was only allowed under special conditions of love or when sanctioned by marriage.

During her first years in college she was "always in and out of love, always having affairs." In her sophomore year she was courted by a boy from her home town who was "brilliant, interesting, always distantlike a star." She "looked up to him." His family was very money-conscious. They were "the wealthy Jews" of the town and did not want him to become involved with her. Although she was prudish, she almost seduced him. "Gosh, I loved him." she has said. "I wanted him to make me pregnant so that he would have to marry me. But he was too cautious." He then came to visit her only casually and finally dropped her. "In spite of my hurt pride I wrote to him, but he did not answer."

A few months later, a fellow student was introduced to her by a girl friend with the remark, "Don't steal him away from me." One day he kissed her, and "before I knew it," she was sleeping with him. She tried to convince herself that she "must have loved him" if she allowed him to make love to her and if she was able to enjoy it, and she thought that she "therefore had to marry him." He also had assured her that they would get married. He corresponded "only partly" to her ideal of a man, "who should be superior, who should dominate, to whom I would look for guidance and wisdom, and from whom I would learn." She found him attractive like a movie star, "but not so charming, not of that quick intelligence which I admire." However, he fulfilled her need for "the knight in shining armor," since he came from a wealthy and cultured family. To climb to this social level meant elevation and triumph to her: "In spite of my family, I will accomplish something." And this something meant to her that she would live out her role of "Madame Curie": "that I have to contribute something to the welfare of humanity through and with a man by living and working with him." Before marriage, she once experienced a vaginal orgasm with him. "My body had a wonderful explosion; never again since." A few months later she became pregnant and had a miscarriage. She was afraid that she would die and thereby disgrace her mother, who expected so much from her. Unable to accept the blow to her pride, she projected it upon the mother. She then married the man, secretly, at her insistence.

MARITAL SITUATION

At about the same time, in her desire to act the "glamour girl," the patient ruined her chances for an academic career in her chosen field by some ill-considered display of frivolity. "It was a terrible blow to my pride." she has said, "because my dream of being a research worker was shattered." They moved to New York, where she could not find a job in her field and took a subordinate, clerical position. She continued to work until advanced in pregnancy and then did some free-lance writing. After the child was born, the marriage deteriorated. She felt that her husband did not give her intellectual stimulation, that he also failed to give her practical help with the baby, and that he was cold, cruel and distant. Their

marriage became a battlefield for their neurotic drives and conflicts.

"I did not want to dominate him, but he used to order me around; I was afraid of him. . . . I did not want to hurt him psychologically, but I tried to push him into achievement, to read, to paint, etc. I tried to dominate him. . . . I was subservient, just let myself be humiliated and hated myself for it. . . . He reproached me that I put him in the shadow in social life."

The husband became increasingly indifferent. Finally, "out of a blue sky," as she put it, he told her that he felt he could give to another woman everything that he could not give to her. She remained silent, although it was a terrible shock to her.

The husband, restless and unhappy, spent most of his time away from home. He then became bedridden with a psychosomatic illness. The patient did not believe he was seriously sick. When his parents offered nursing care and quiet rest in their home, he accepted their offer. After his recovery he did not want to return home to live with his wife and child, but came to visit them frequently. Both he and the patient felt that their sex relations on these occasions were much more satisfying than they had ever been during their married life. They had "exalted nights," and "he was a perfect lover," although after the sex act he would become absolutely indifferent and treat her like a stranger. She gave in, each time he desired her, because she "could not see him unhappy and morose," and she speculated that "I am emotionally attached to him; in dreams I have such an overwhelming love for him that I feel lost in the morning." And: "I am holding him this way."

While still married, she had a brief affair with her employer, "because he was unhappy in his marriage and I felt sorry for him" and "out of sheer anger toward my husband because he went on vacation by himself and left me behind." Thus, at the same time, she could be the "great healer" for an unhappy stranger and take revenge upon her husband whose detached attitudes she was never able to accept and forgive. Another man made love to her. She was "so

overwhelmed that it permeated me and I was drawn into it." Besides, she "wanted to shake off my dependency on my husband." In both these affairs, she experienced no guilt feelings. She remained "a spectator." In the sexual situation she enjoyed her role as onlooker and outsider, and the intimate details appeared humorous to her. She told her husband about her extramarital adventures, and he was terribly hurt and jealous.

AFTER MARITAL SEPARATION

After they separated, but at a time when the patient still entertained hopes of saving the marriage, she had numerous sex episodes in which the sexual object was always "brilliant, intellectually superior," and in a social position that impressed her. She felt respect and "kinship" for these men. Her need for achievement with and through a man drove her to speculative aims, like "we will write scripts together" (with a writer) or "medical articles" (with a medical man). She enjoyed nourishing her husband's fears that she might be going out and sleeping with other men. Later on she decided that there was "no point in hanging on to the illusion of marriage." While married, she had sexual fantasies about everyone else but her husband, but after their separation, exclusively about him. He continued to be the most passionate lover, but otherwise remained rejecting and distant.

She not only pursued men to whom she could look up and who made her feel elevated, but could not refuse advances of those who were unhappy, poor, or in need. Among the latter was a young actor who lived in a sordid present but for a glamorous future, and who turned out to be impotent. With him she lived out her image of being the giving and sacrificing motherly mistress, expecting to share in his eventual fame. She could not stop a foreign student from making love to her, because "it would be unkind. He was already having an orgasm when only kissing me." Besides, she sought to overshadow the girls of his country by acquainting him with the American way of love. And finally there was always the question in her mind: "So maybe I am not as undesirable as my husband makes me out to be?" Thus, any sexual relationship aimed at escape from self-contempt which she did not consciously experience but interpreted as her husband's criticism of her.

Once she became infatuated with a much younger man who approached her in a Greenwich Village bar where she used to go by herself because she felt "so unbearably lonesome." He intrigued her. "He was so brilliant and literary." He offered to show her his books and records. In his room he became very queer and aggressive and, despite her vigorous defense, raped her. He then was so overwhelmed that he cried and begged forgiveness. She felt "great pity" for him, particularly when he told her that he had been confined in a mental hospital because of schizophrenia and that since his discharge he could not find work and was living in extreme poverty. She promised him that she would not let him down, repeatedly invited him to her home, gave him meals and spending money, and insistently urged him to get psychiatric help. The boy was suspicious and unwilling, fearing that he might be apprehended and returned to the mental hospital. Not until he told her that he had fantasies of killing her and carrying her head in a hatbox did she give up her hopes of rescuing him and severed the association with him. Also, only then did she become apprehensive that she might have contracted a venereal infection from him.

A SEXUAL AFFAIR

She next formed an attachment which proved the longest in duration and the most serious in emotional involvement. At a party she saw a young man who fascinated her by his detached attitude and somewhat masterful and condescending manner. He introduced himself to her as a successful professional man of the same academic background as her own, mentioning that he had his own apartment and lived by himself. She believed him to be an eligible bachelor. She "fell in love" with him immediately, took him home, and they had "a wonderful night." He was "so wonderful and perceptive." And he even was in analy-

sis. They were "two souls of a unique closeness and intimacy. In sex we were congenial, he being so stimulating and ingenious." Besides regular intercourse they practiced cunnilingus, fellatio and intercourse per rectum. "I feel so free with him that there is no feeling of indelicacy." However, she never had an orgasm except by clitoral stimulation.

Later it turned out that everything he had told her was untrue. He had no academic training or degree, was without a job and lived with his mother who was supporting him. Eventually, the patient also discovered that he was considerably younger than she. After a few months of intensive relationship, she characterized him as "hostile, out to dupe, to humiliate, to control and master the whole world; a mixture of thoughtfulness and thoughtlessness, a charming Don Juan." He would continually tell her that she was older than he, that he could not assume responsibility for a love affair, that he would not marry for years to come and then not a woman with a child. "He resents the child and my previous marriage, like all the men who want only a virgin," she said with contempt. A couple of months after starting the affair, her menstruation was delayed. She did not believe in any possibility of pregnancy because "it cannot happen to me . . . I always believe I can break the laws and defy the consequences." Even after she developed symptoms of pregnancy, she hoped by sheer will power and simple home remedies to control the situation. The experience she went through was very similar to the one described prior to her marriage. She admitted that she would have wanted to have a child with her lover, "that the baby would have been an amalgam of us" (meaning of their uniqueness), "and it would cement our relationship" (meaning that it would ultimately lead to marriage; the same mechanism operated whenever she desired permanency in a relationship).

Her feelings about her husband and her lover had become fused. She was disoriented and confused emotionally. When the husband activated her painful self-contempt by his criticism and rejecting attitudes, the lover was supposed to attenuate this selfcontempt and lift her out of it. In these moments of despair she wanted him to make love to her. When he did so, however, she said: "I did not feel anything at all, I was so tired and so confused. And I thought of a dream where I dreamt of the little room with tiled walls which symbolize my 'glazed vagina,' my lack of orgasm. While he had two orgasms and was very pleased with himself, I was numb and confused, thinking of my husband, of my boss who tried to make love to me at work, so that I could not even remember or pronounce my lover's name." Thus in the sexual act the man would lose his identity for her and become an impersonal ally in her inner battle of pride and self-contempt.

DYNAMICS OF SEXUAL PROBLEMS

The patient's experiences in childhood, her strong feelings of being deserted, neglected and underprivileged had caused her to develop a very definite belief of having to live up to great expectations which were projected to the parents, particularly to the mother. Very critical and condemnatory of her parents, she looked upon her father with some leniency underlined with contempt for being unsuccessful, a poor provider and under the mother's thumb. She felt much more ambivalent toward her mother, openly rejecting her for all her shortcomings and despising her ignorant and envious attitudes. These feelings of contempt, nurtured by her position as the eldest girl burdened with responsibilities as her mother's helper and confidante, led to early competitive strivings to achieve superiority over her mother, without however assuaging her need for the latter's approval and recognition. Thus, from an early age, her character structure acquired her mother's overt compliance and underlying aggression as well as her father's predominant detachment but overt compliance. Her violent distaste for being identified with her family and its social level gave rise to ambitions which she hoped to achieve through a college education and through marriage.

Due to her early exposure to sexual traumata, sex assumed paramount impor-

tance in her life and became the principal mechanism in her attempts to realize her ambitions.

How did this mechanism operate? All her needs for dependence on the one hand, and for domination on the other, were expressed in her compulsive drives to be compliant, "sweet," agreeable, apologetic, yielding, appeasing, renouncing, docile, ingratiating. Her claims were made on the basis of "don't be cruel to me" . . . "don't reject me" . . . "don't desert me" . . . "make love to me" ... "I want to sleep with you, it anaesthetizes me" . . . "I am only worthy if you love me." At the same time, she distrusted her partner and was out to conquer, to dominate, to gain power, to prove her superiority, to exploit, patronize, humiliate and devaluate him, to make him feel guilty. She was pleased with herself because she could remain the "spectator," the onlooker. Being driven by these compulsive moves but prevented by an equally strong belief in her own mastery and omnipotence from admitting such needs, she pictured herself as a woman distinguished by great capacity for love, devotion, sacrifice, generosity, perceptiveness, broadmindedness, tolerance and honesty toward the partner, as a woman who was sexually ingenious, irresistible, and inexhaustible ("The Sexy Bitch").

Besides having these self-denying "feminine" values, she felt that her strength lay in "cerebral control" and intellectual superiority enabling her to compete with or even overshadow the man. On the conscious level, being alienated from herself and having no true feeling for her own abilities, she believed that she could only become somebody and achieve something outstanding with or through the man. Despite all her competitive drives, she felt that she was living in a man's world which offered no chances of success through her own resources. Only by charming the man through her feminine powers and lending him her intellectual powers could she achieve recognition. ("We will write scripts," or, "We will write medical articles," etc.) All the facets of her needs, drives and values were fused in her image of "Madame Curie," the woman scientist who achieved

great discoveries in collaboration with her husband, who became an immortal benefactress to mankind, who was a good wife and mother, and who had outstanding children. Actually, in all of the patient's distorted and aborted moves she tried to live up to this image. At the beginning of each new relationship, hoping that this time she would reach the desired goal, and because of the lack of feeling for herself and her own emptiness, she felt: "He has such a rich personality," or "Life is so much more interesting with him." It is evident that in the pursuit of her strategies she was always proceeding on a precarious basis, beset by fears. These were manifested as fears of fire escapes, of burglars, as an obsessive need to check window locks and gas jets. Unconsciously she was suffering from fears of disclosure, humiliation, rejection, criticism, of losing control, losing her superiority, becoming dependent on the partner or obligated to him. Every sexual situation thus became a test situation, and the unconscious fear of failing in this performance was constantly with her. Under this constant strain and stress she became selfcentered and self-conscious. She evaluated and exploited the partner solely in terms of her own needs, made excessive claims, and felt vulnerable, hurt, humiliated, neglected or rejected. She would then turn against her partner with hostility, and in her vindictiveness was either openly brutal or made him feel like a culprit. At the same time she would immediately plunge into selfcontempt, feeling that she was "a louse," incapable of love, a "sexy bitch," and would respond with depressions and psychosomatic symptoms.

Since the patient strongly believed in "cerebral control" of body functions, ailments of a psychosomatic nature were a source of great distress to her. She was unable to tolerate the slightest blemish on her skin and picked at it mercilessly. Her skin eruptions occurred when the self-contempt was latent or more or less manifest. Itch was sensed at the slightest rejection or failure and she used to tear at herself viciously. Attacks of colitis were met with "cocky and superhuman attempts at body control . . .

I want to prove to myself that I can control it. Not giving in shows superhuman strength and superiority." But also: "Maybe if I were to become very sick, my husband would take care of me, and then I actually get cramps, nausea and diarrhea." Most distressing to her, however, because it was entirely uncontrollable, was her lack of vaginal orgasm. "If I experiment, maybe I can prove to myself that I am as good as any other woman." While pointing to this fact she externalized her intolerable selfcontempt. She felt that any man knowing about it would condemn her. She was unable to confide in a male analyst and broke off treatment with him. "I did not want to diminish my value in his eyes. It was painful and torturous. I just felt like a terrible freak."

In relation to her sexual role she was ambivalent and conflicted. On the one hand, she glorified her femininity, was the picture of goodness and sacrifice, fertile and creating when pregnant. Mainly, however, she rejected and resented being a woman, greatly envied the male and always competed with him. "It would decrease my value if I would whore, but a man increases his virility by sex experience." She tried to tell herself that she was always restricted in her sex life because her husband was inhibited and "gave only in a fit of angerniggardly," and that her sexual freedom had "a heck of a value" for her now. However, her self-contempt and self-hatred were clearly expressed in the statement: "I have such a terrific feeling of undesirability and I have such a craving for being desirable that I cannot stand any situation where I am criticized, not accepted, or rejected. . . I have always to give something to the other person in order to be acceptable. . . People are telling me that I am beautiful, that I should be a model, but I feel that I am unattractive, loathesome, that my vagina is not clean enough, that I have no worth, that I won't be able to marry anyone I would like. . . I need the man to make me feel that I am worthy. . . To prove to myself that I can make him love me, I practically raped him. . . I have a sense of incompleteness without having anyone to love—not someone just to put his penis in me, but to share, to talk. . . The minute men started to desire me, they repelled me. . . I was not interested in those devoted to me, I had to pursue the prince in shining armor."

SYNOPSIS OF DYNAMICS

The patient verbalized in her own language, unspoiled by any knowledge of theoretical concepts or of the relation between neurotic character and sexual behavior, that in sex she had a fear of taking; that she was afraid of becoming dependent or obligated; that if she were not to submit sexually, the man would not continue friendship with her; and that she wanted to be not only "a hole" but "whole." She said, "It makes me bitter, how loving men can be when they need a woman and how careless and callous after they have had you," revealing thus her contempt and self-condemnation.

The thoughts and feelings expressed in these statements and also in her dreams uncovered the devaluation and degradation of sex and of her own role in it; her competition with, overpowering of, and contempt for the partner; her hostilities and fears, all of which contributed to the symptom formation of frigidity. This symptom was most painful and intolerable to her, in its turn compelling her to seek new sexual experiences, always in the illusion that she would thus find the man who would make her feel like a woman.

COURSE IN THERAPY

Before she came to see me, on referral, the patient had been in analysis for about six months with a male analyst. She left him after a prolonged period of silence. She believed that she was unable to express herself out of fear of losing his esteem of her as a woman. She was unaware of her hostility toward him as a man. Her husband, however, remained firm in his insistence that she take up analytic treatment again if she hoped that they would stay together in the future. With the goal in mind of salvaging the marriage and to oblige her husband by complying with his wish, the

patient decided to turn this time to a female analyst, with whom she expected to be less inhibited. She felt that by the mere fact of her good will and her coming she would meet her obligations and that the fulfillment of her goals would be granted.

Her appearance and her mannerisms revealed her conflicts. She wore tailored suits of good quality, simple lines and in subdued colors, frilly, transparent blouses, steep high heels and showy, colorful bonnets, of her own creation and make. She changed her hairdo and her make-up frequently. She used to come into the office in her full attire asking pointedly for praise and approval. She usually made her entrance quite pompously and was out to impress.

On the couch she changed into the petulant little girl, reporting, complaining, crying and wallowing in her feelings of being maltreated all her life. She was discharging her emotions and releasing her hostilities by criticizing and disparaging everybody who inflicted any hurt on her. She had sharply swinging moods of brief elation when she was praised in her work, or received compliments from men, but mostly she was distressed and depressed. She seldom came on time for her analytic session. Frequently she arrived ten to fifteen minutes before the end of the session, breathless, harassed, exhausted and apologetic, and at the same time proclaiming how much she had been able to achieve that day.

Because of the turbulent happenings and painful experiences with her husband and with the different men she got involved with, she focused mainly on the situations and only fleetingly concentrated on herself and then only in a self-accusatory fashion. Interpretations were met in a demure, seemingly accepting attitude, but either got lost or were somehow pushed aside. Despite her clutching and clinging in the analytic situation and her frantic plea, which she voiced so often with the men on the outside, "Please love me, do accept me," the patient remained at a distance. Although she professed her respect for the professional knowledge of the analyst and her faith in the scientific methods of analysis, there was evidence of unconscious distrust and of being constantly alert for flight. It was her firm belief that analysis was mainly an intellectual process and that if she followed her device of "cerebral control" she would win out in analysis and on the outside. Although she put great emphasis on her own perceptiveness and sensitivity, she disavowed these qualities in the analyst and insisted that the analyst, "not being in her shoes" and not having had her experiences, could not possibly exercise good judgment and be in the position to help her.

After two years of analysis, on a threetimes-a-week basis, when she became involved with the man who was also in analysis, the patient complied with her boy friend's wish to furnish his analyst with information about their relationship. To her this meant being of help to the therapist in his understanding and treatment of his patient. She was determined to steer clear of any confidence about her own person. She found herself complaining about their sexual difficulties and her frigidity and gratefully accepted instructions on how to improve their technique in order to achieve sexual gratification. Both young people were impressed with the results at the first trial. My patient was convinced that finally she had got possession of the magic formula for successful and happy living and that all her difficulties would recede. The approaching summer vacation offered an opportune way out. She did not resume her analysis.

SUMMARY

This character study aims to substantiate Karen Horney's assumption that man's character structure shapes his sexuality and to demonstrate how this patient, a young attractive woman, endowed with considerable intellectual and creative powers, was driven compulsively by severe neurotic forces. She was continually seeking escape from a consuming feeling of unworthiness, increasing and perpetuating it at the same time, and attempting to attenuate her disrupting inner conflicts through overemphasis on love and sex.

BOOK REVIEWS

Existential Psychoanalysis. By Jean Paul Sartre Trans. by Hazel Barnet, Univ. of Colorado. 275 pp. Philosophical Library, New York, 1953. \$4.75.

Existential Psychoanalysis is an attempt to apply the concepts of philosophic existentialism to the human being; it does not present a method of clinical analytic therapy. In fact, the book is but two chapters of Sartre's major work, 'L'Etre et le Neant' ('Being and Nothingness') and must be taken in this context. It will have most meaning, therefore, to the reader who is well grounded in the abstract notions of this thinking. To one who is not the book is likely to prove confusing, or at best difficult to read and understand. But the difficulty stems not only from the complicated existential terminology, but also from the complex style of writing which is more suited to the French than English, and from the loss of exactness in translation from an idiomatic original meaning to an approximately equivalent translation.

The translator attempts to bridge the gap between these essays and the body of the philosophy in her lengthy introduction, wherein she points out that the purpose of the work is to understand the basic nature and meaning of "Being"—whether human or object—and how the individual translates this into his life. She likewise summarizes some of the main postulates of Existentialism, definitions which go far toward clarifying their usage in the subsequent text.

The most important notion she presents, which the author does not take up in this book, is that of "anguish." This would be a kind of existential anxiety, combining elements of dread, shock and apprehension as well as those we usually include under anxiety. It is an unreflective apprehension

of something within the self, differing thus from fear which depends on something outside the self. Anguish arises from three sources: awareness that the future self both is and is not the present self, since there is absolute freedom in the way the present self may project itself into the future, and the present self may not wish to see how it may be; from awareness that the present self is different from whatever it has been in the past, since there is constant change in the mode of expression of self; from awareness that one has complete choice of becoming, with attendant responsibility for the consequences of whatever one becomes.

Sartre rejects all current psychoanalytic theories, since they fail to penetrate to the innermost essence of personality; they are descriptive or deal with patterns, whether they speak of instincts or desires (libido, will-to-power, etc.), of likings (particular tastes, colors, etc.), of emotions (love, envy, anger, etc.), of needs or movements or conflicts. All these, he feels, are empirical qualities, having different significance in one individual from the apparently same quality in another. These are all reducible to more elemental qualities, which are then irreducible. They are all modes in which fundamental being projects itself.

Several kinds of "Being" are distinguished by Sartre. The most basic is "Beingin-itself." This is characterized as a state of fullness, with density and impermeability which give every object its characteristic nature, fixed and unchanging, making it different from every other species of objects. Through this, the acorn will inevitably become the oak, and nothing else. In this growth there is no intention, no idea, no will or responsibility. For the human, there can never be consciousness of it in himself, since even reflection upon it would mean removal of oneself out of it, as subject-

object, so that it would no longer exist. This Being just exists. It is in living and experiencing.

By contrast, human reality—personality is the expression of "Being-for-itself." This "for-itself" is appearance, not real. It is constantly being reformed by free choice in accordance with the individual's situation and environment, but is unpredictable before occurrence. Man is inherently endowed with an original "surge" toward freedom, which is characterized by an ontological "desire" for both completeness and uniqueness, to make up a total individual. It is this "surge," as an original choice, which will determine the initial "Being-for-itself," or personality, orientation. Each empirical desire-or, as we would see it, each personality trait-is a "project" or mode of manifestation and direction of the original.

But each expressed character trait ("foritself") indicates that specific quality lacking in the "Being-in-itself." It is chosen to compensate for, to fill in for what is not. The sum total of personality, therefore, is indicative of a total absence of being, or nothingness. It is this nothingness which comes between these two types of "Being." This is equivalent to saying that a person is never the reality he experiences himself as, or seems to be; he is an empty shell into which he projects (from a central, unconscious, unknowable but directly experiential nucleus) qualities he chooses to appear as. An individual's "values" are the ideal possibilities of expression of his modes of being.

Man, then, is always trying to achieve the ideal of fulfilling all the possibilities of this "Being-for-itself," while at the same time retaining his essential "Being-in-itself." In other words, he tries to become an ideal combination of Being "in-itself-for-itself," which means doing away with ("annihilating") his existential core or "in-itself." This ideal, Sartre maintains, is what society calls God. Therefore, it can be said that Man passionately desires to become God.

In non-existential terminology, this means that the individual wants simultaneously to be the directly-experiencing self and the conscious-of, observing self. This is impossible, since even to be consciously awarc of any quality of ourselves, even to know we are experiencing, predicates the knowing to be outside the experiencing, in a subjectobject, I-know-me relationship. But in so trying, the individual must inevitably pass through and experience the emptiness between the two types of his Being, with resultant ontological anguish (anxiety).

A third form of being is "Being-forothers," which is the way an individual sees himself and presents himself to himself in terms of others, or as he feels others see him. For instance, one reason for rejecting ordinary (empirical) psychoanalytic technique is that it presents the patient to himself as the analyst sees him, which is only "Being-forothers" rather than real self. The goal of existential analysis is "to decipher empirical behavior patterns; to expose the revelations each contains and fix them conceptually . . . in terms of ontological being." Sartre agrees that all expressions of psychic life are symbolic, but there are no fixed symbolisms. The personality changes every moment, the symbols must be seen in terms of the internal state of being at the moment and so constantly be interpreted anew. Life history is seen only as a framework; situational reactions and "complexes" are only representations of the "original choice."

This analysis denies the existence of any unconscious, since psychic activity and experience are in themselves consciousness. But one must distinguish between consciousness and knowledge; reflection is a kind of knowledge. All inner activity is conscious but now known, and is apprehended by a "pre-ontological comprehension of the fundamental project"—that is, is intuitable. In ordinary analysis, the patient comes to know only what he already understands without having been aware. Nevertheless, the habitual analytic situation cannot be completely rejected, since even though it presents Being-for-others, the patient will see in this image something of his Being-foritself through experiencing.

By this theory, all relationships between individuals and environment can be defined as "desires" and viewed in terms of their cause—namely, the "Being-in-itself," and their object. The existence of such "desire" is based on the human reality that has been called the effort to become God (attain the Ideal Being). All these desires can be analytically reduced to three rough groups: to make, to have (possess, appropriate), to be. Generally, even "making" can be reduced to "having."

For instance, painting a picture means giving an object existence in order to have it, and the object is constantly renewing its existence through the painter. It has an objective existence "in-itself," but also a relative existence "for-itself" which is the painter's idea. Thus, creativeness is a form of having. Knowing is also a form of possessing (having the idea); so is perception (having the image). Thought, discovery, etc. have independent existence since they can be common to many, but also have particular existence as related to the knower; in this they relate him to others.

Every human activity can be so analyzed. Eating is appropriation. Sex is possessing while the object yet retains its objective existence. The only activity which cannot as yet be so reduced is play. This has elements of having and making, but is partly gratuitous-that is, expresses the original

surge of freedom.

All descriptive qualities, whether pertaining to personality or to objects, can be understood only by such analysis. Smoothness, for example, expresses that which can be taken (felt) yet remains impenetrable; stickiness or sliminess is that which seems to be possessed by the subject yet possesses him (sucks him in), which resembles liquid in being fleeting to touch yet remains partly where it is, which is penetrable yet leaves no trace of the touch.

Human destructiveness is a special mode of possessing. Since "having" means seeing one's own "Being-for-itself" (or idea) in an external object and giving this object existence only by virtue of oneself; and since Man inevitably moves toward the impossible synthesis of his two types of Being, then this having must also involve the move to reabsorb the external object (as part of "foritself") into the person who created it (as "in-itself"). This reabsorption is destruction. This definition would include not only physical destruction, but such activities as giving (destroying what is mine), using, certain forms of loving, hating, etc. And to the extent that the person achieves this unconscious synthesis with its facing his inner nothingness and resulting anxiety, through any particular activity, he will derive varying degrees of distress or enjoyment, disgust

or desire from this activity.

Basicly, having and being are inseparable. Having could even be considered a way toward being by appropriation of the world. In existential psychoanalysis, everything must be seen as symbolic representations of these two elemental qualities. This is notably true for the Freudian symbols, and the significance attributed to sexuality. Sartre would see the genitals, specifically orifices, as empty spaces expressing the empty image of oneself that must be filled to achieve total Being. In sexual intercourse, the male body (symbolic of the "for-itself") must be given up to the female as possessor of the orifice (symbolic of the "in-itself") so as to achieve the ideal of totality of Being. This movement toward filling the emptiness of self is seen in all activities of plugging holes, i. e. thumbsucking, eating, sexual promiscuity.

As practical examples of this theory, Sartre points out how an individual would react when faced with an unacceptable yet unavoidable situation. For instance, a virtuous woman approached sexually by a stranger when she deeply desires, yet is humilated and frightened by her desire, might behave in specific ways. These "solutions" would correspond to: failure to see the intent; then misinterpretation of the intent by transforming it into something not acceptable; then becoming intellectual on another subject; finally dissociating herself from her body to remain unaware of its involvement. He explains these defenses as a going into "bad faith," through use of the properties of being-namely, its factualness (facticity) and its transcendence. Ordinarily these two properties are completely combined in being, so as to declare their identity yet maintain their differences. In these solutions, an attempt is made to keep them apart while having to keep them together at the same time. This differs from dishonesty with oneself, where there is a shifting back and forth from one to the

The trouble with society, according to Sartre, is that it demands that the individual fulfill the functional role he assumes, whether this be occupational (like being a waiter or soldier) or situational, or affective (like being sad or happy). This is experienced by the person as having to be something one really is not. In the need to maintain this expression, the individual is in "bad faith." He tries to make his "being-forothers" the same as his "being-in-itself"that is, to become the role at the same time that he desires to escape the role and have the freedom to be what he really is.

The last third of the book is devoted to discussion of what Sartre calls "bad faith." This essentially consists of consciousness directing an attitude of negation or prohibition toward self. It differs from lying to oneself in that lying does not involve the structure of consciousness or Being. Lying implies a recognition of inner truth and, therefore, a recognition of deception but a denial of it. Bad faith implies a singleness of consciousness, hiding the truth from oneself. Although a person can live in bad faith, it cannot be a constant attitude but must vacillate between good faith and cynicism. This is so because being in consciousness is the same as consciousness of Being, and one must be in good faith to the extent that he is conscious of bad faith.

These conditions would create an insoluble dilemma to the standard ways of explaining psychological function, in which "bad faith" could neither be rejected nor understood. Therefore, Sartre maintains, Freud was forced to postulate his concept of the unconscious and anatomize the psyche. He feels it is false to consider the self as "ego," with the "Id" (instincts) and the "superego" (the censor) as "other" things. To be a censor, there must be consciousness some place of what the censor is doing, of the ends for which it is doing what it does, and of the content of what is being repressed. And since resistance to revelation of the repressed does appear in analysis, the censor must be a kind of autonomous consciousness between the conscious and unconscious. The only way to explain these phenomena, according to Sartre, is to see consciousness as total being, in bad faith with itself.

In this book, the author makes no claim to being a clinician. He is an observer, and is content to state his observations and let them be. But he builds up a philosophical theory to explain them. Therefore, the title of the book is somewhat misleading, since the usual connotation of psychoanalysis is a therapeutic method. However, leaving out the stylistic defects of the book, considering it merely as an approach to better understanding of the essential qualities of human being, I feel Sartre makes a definite contribution. Criticisms of this book are criticisms of the entire theory of Existentialism. For instance, he rejects the Freudian division of the psyche but he does something quite similar in compartmentalizing different kinds of "Being." In other parts of his philosophical work one gets more the impression that these are aspects of the same self or being, but from this book alone these imply distinct entities.

Likewise, he rejects the unconscious by substituting an unknowing conscious; but it seems to me he is talking about the same thing, only adding an extra factor. This is his attempt to define and clarify the nature of awareness. I feel his rejection of the concept of unconscious is due to his lack of familiarity with all its clinical implications.

One cannot help noticing certain similarities between some of Sartre's notions and some ideas about the nature of the self which underlie the Horney theory of neurosis. For instance, "Being-in-itself," with its "original upsurge" toward freedom, is in many ways similar to our Real Self with its directive tendency of growth. And while Sartre does not mention neurosis or health, his "Being-for-itself" and "Being-for-others" roughly make up what we might call the neurotic or actual self. His concept of "bad faith" seems to me to be a serious attempt to explain, on a purely theoretical basis, the clinical concept of duplicity and alienation from self.

I feel that the book is not of too great value to the clinically-bent psychoanalyst. To the analyst who is philosophically minded, and interested in elucidating that most elusive thing, the essential nature of being, it should be most interesting-if he is willing to give time and patience to going through the difficult text. One cannot agree with Sartre that his is the only truth and the only analysis which gets down to the ultimate facts of existence. If one admits that no single present psychological theory of human behavior is the final answer, that the Horney theory is but a forward step in the evolution of psychoanalysis and is developing itself, then Existential Psychoanalysis can be seen in perspective. Certainly Sartre is presenting a new viewpoint. If it is refined and shown to be clinically applicable, some of its principles may eventually help us to help patients from neurosis to health. As I see it, the major limitation of this theory, as well as its major contradiction to the Horney Theory, is the over-all feeling of pessimism which pervades it. Although the individual has unlimited choice of direction as an essential part of being, he has no conscious responsibility for himself, or for decision. He cannot hope to grow beyond the limitations he may find and even accept in himself. It is here that the Horney theory, with its feeling of optimism and its emphasis on constructiveness and the possibilities of growth, offers hope.

-JACK L. RUBINS, M.D.

THE COURAGE TO BE. By Paul Tillich. 197 pp. Yale University Press, 1952. \$3.

The psychoanalytic process is scientific in that it searches for what is truer about that with which it is dealing—the motivations of the human being. Since it is not only an ever-more unbiased quest for fact, but also a means of therapy, it belongs not only to the province of science, but to that of art and of religion as well. Psychoanalysis is an art in that it works intrinsi-

cally in, with, and through feelings, their expression, content, meaning and relationships. It is a unique cooperation of three categories of feelings: those of the patient, those of the therapist, and those growing in the doctor-patient relationship. But the psychoanalytic process is essentially religious in nature because all human pursuits are founded in a religious or philosophic matrix. That is, they grow out of a framework of reference that supports them and is in its essence both personal and universal.

The Courage To Be is pertinent to our work in psychoanalysis because we must of necessity be interested in a religious question: What is the grounding of the human personality? If we work with human beings we have sooner or later to ask ourselves about the nature of this being and to concern ourselves with what is changing and what is eternal in the phenomena with which we work and of which we are a part. Dr. Tillich chooses as the concept around which to organize his thinking one in which "theological, sociological, and philosophical problems converge, the concept of courage." Courage as a human act is an ethical concept. It leads immediately to ontology, however, or to the nature of being, since "the courage to be is the ethical act in which man affirms his own being in spite of those elements of existence which conflict with his essential self-affirmation.'

After a survey of the history of the concept of courage in Western thinking from Plato through Nietzsche, Dr. Tillich takes up the crucial matters of being, non-being, and anxiety in relation to them. The implications he makes may have profound influence on us in analytic work. As beings, we exist. It is in our nature to want to keep on existing. But it is also in our nature ultimately to go to a darkness which threatens our desire to be. This darkness-death, or non-being-is nonetheless an integral part of existence. What does not exist, however, implies existence. Negation implies affirmation. Put another way, non-being is taken up in being. From a comprehension of this it becomes clearer that, for example, patients do not get rid of their anxieties, problems and conflicts. Rather, as they are able the more to affirm themselves, to accept their being, what beset them is taken up and changed in the self-affirming process. Fear is not cast out-for there is no "out" in which to cast it. It is taken up in participation in being, which is all.

Non-being, Dr. Tillich points out, threatens man's ontic self-affirmation through three types of anxiety: ontic anxiety, with the threats of fate and death; moral anxiety, with the threats of guilt and condemnation; and spiritual anxiety, with the threats of doubt and meaninglessness. Subspecie historiae, he describes three main epochs of anxiety in Western culture, and illustrates most poignantly our own, the age of spiritual anxiety, in which, as entities in this time, we are ravaged by a deep sense of meaninglessness. Dr. Tillich terms these three types "existential anxiety." He holds that it is part of man's very existence or being that, containing non-being as it does, man must be threatened by these anxieties to the extent that he does not take them up in self-affirmation. It would follow then that death would remain as the "basic anxiety," since dying, although a part of living, is ever opposed to our essential wanting to live. It follows also that he who lives most fully is least ridden by it.

From the ontological perspective, Dr. Tillich differentiates pathological anxiety as "a state of existential anxiety under special conditions." Courage is the act of taking the anxiety of non-being into oneself in self-affirmation. When this is not done, one escapes extreme despair in neurosis, "the way of avoiding non-being by avoiding being." This does not mean that the neurotic is not self-affirming, but rather, that the self which he actualizes is less than what potentially he could be. In psychoanalytic therapy we deal with this problem from two aspects. We work to break down the castle of defenses erected in the neurotic process to ward off non-being. We work also to stimulate the constructive forces and to broaden and deepen the being that still goes on behind the castle walls.

Dr. Tillich proceeds to amplify how man today takes into himself his existential anxiety, that which is inescapable because non-being is ever a part of is-ness. This anxiety threatens today chiefly in the form of meaninglessness. It can be assauged through the courage of participation, identifying oneself with a larger group which is felt as eternal and universal. One is then no longer concerned about oneself, but with the fulfillment of the group or collective. But with these collectives, such as the totalitarian state or the authoritarian church, the individual self is crushed or extinguished, and since this in itself is a manifestation of non-being, it cannot be a happy solution to man's dilemma. A second solution is in the existentialist philosophy, the belief that man's essence is his existence, and that in this belief man has the courage to be his individual self. But man is part also of the universe. In such a philosophy he must still harbor the dark despair of feeling himself a small light briefly shining between the great darkness of before birth and after death, separate and insular. This is a denial of that in man which must participate, and it too leads again to non-being.

The exit, if we may use so paradoxical a term here, is, as Tillich sees it, in the acceptance of acceptance, or the opening of oneself to the ground of being in which we are all carried and in which we participate despite fate and death, doubt and meaninglessness, guilt and condemnation. Tillich, a Western thinker, calls this being "God."

The principle of accepting that one is accepted although unacceptable enters into the doctor-patient relationship. In regard to this Dr. Tillich uses the term "the communion of healing" and in these very words he implies how eminently personal this unique functional relationship really is. As physicians we are in the seemingly paradoxical position of having to judge without making judgment and of having to accept that which resists being accepted. At the same time that it is our duty to see clearly what is destructive in the patient and to help him to acute awareness that he is acting upon himself, we must also receive him unto us as a total person, without rejection of the very aspects in him that bely human communion. Herein is the necessity for liking the patient. It is not liking in the derived sense of "approbation of" and "pleasurable response to." It is liking in the root sense of the word-an immediate sense of "kinship with" that engenders a sense of belonging in him to whom it extends. In order to be able to extend this communion to his patient, the doctor must go along in spirit with the Roman philosopher who said: "I am a human being. No human feelings are alien to me." When the therapist achieves this, he stands not only for himself, but also as a representation of the objective power of acceptance and selfaffirmation. This power works through him in the patient. To many of us practicing psychoanalysis, Tillich's statement is axiomatic that "no self-acceptance is possible if one is not accepted in a person-to-person relation." Where there may be quite some disagreement, however, is in his belief that to accept personal acceptance of oneself requires a self-transcending courage whose ultimate source is God.

Whether we use the word "God" or "being," this concept has far-reaching implications. It would follow from its real acceptance that we live henceforward in the now. To the degree that we are neurotic, we struggle endlessly with the dead past and the unknown future, forever judging that one circumstance in existence has more value or less than another. The result of this hurtling between past and future is that acting in the present is greatly diminished. With moralistic value judgments on what exists-and being is beyond morality -we again cannot feel into or be into the moment. And the loss of the moment is the loss of the very life we are trying to sustain. The understanding of this is eminently personal and religious in character. Analytically, we cannot tell people how to accept. But we can help them to an awareness of their non-acceptance and its implications as we ourselves grow more open to the principles dealt with in this book.

-HELEN BOIGON, M.D.

CLIENT-CENTERED THERAPY. By Carl R. Rogers, Ph.D. 560 pp. Houghton Mifflin Co., 1951. \$4.

Client-Centered Therapy is a further elaboration and development of "non-directive" therapy by its principal exponent, Carl H. Rogers. At first Rogers was interested in the techniques and basic philosophy of counseling but it soon appeared that counseling became psychotherapy and that the same principles applied to both. In this book, Rogers attempts to integrate the various theories of personality with the client-centered approach and to demonstrate its operation in the fields of individual, group and child psychotherapy.

It is of interest that the development of this form of therapy has been in a direction similar to that which psychoanalysis has taken in recent years, with greater emphasis on constructive forces, with focus on the self, and with an altered concept of "transference"

Originally, non-directive therapy was limited to the recognition, reflection and clarification of feelings by the therapist. Rogers came to feel that this was too narrow a concept and led all too often to passivity and laissez-faire. If the client is to acquire that feeling of self-worth essential for health, then the therapist must have the conviction that the client has the capacity and resources to come to grips with his difficulties without his direction if provided with the proper therapeutic climate. Such a climate can exist when the therapist believes in and lives by democratic values and has the capacity to empathize with the client-the capacity to see matters as the client. It is the capacity to see matters as the client sees them, with the client's eyes, that enables the therapist to accept without condemnation. This feeling for the client and the climate for acceptance it creates, enables further exploration of self and liberation of constructive forces.

Rogers attempts to describe what happens in therapy which is successful. He states that the movement is away from symptoms to talking about self, less focus on the past and more on the present, less talk about environment and more about self, fewer negative and more positive statements about the self. The fact that he has been able to identify therapeutic progress by the above criteria, which would be recognized in modern psychoanalysis as less externalization to symptoms, to the past and to others, suggests some degree of therapeutic success.

A basic constituent of his theory of the therapeutic process concerns the self concept. The individual has an organized pattern of perception of self in relationship to himself and others, which determines feelings and behavior. This self structure is a set of hypotheses for meeting life. The self is a perceived object in the phenomenal field. It is composed of such elements as the perceptions of one's characteristics and abilities, the values which are perceived as associated with experience and objects, the goals which are perceived as having positive or negative values. This self concept may be grossly incorrect from the standpoint of objective reality, but if the client has no suspicion of this discrepancy and no contradictory material is allowed into awareness, he is still able to maintain his positive self-feeling. The degree to which the self concept deviates from social reality is a measure of his vulnerability. The degree to which contradictions are perceived is a measure of the tension under which he lives.

A person becomes ripe for therapy when his self-structure feels rebuffed by reality. In therapy the atmosphere of warmth and acceptance allows him to examine both negative and positive self-aspects because both are accepted by the therapist. This permits the relaxation of the boundaries of self-organization. He discovers that faulty generalizations and contradictory perceptions can come to awareness, thus enabling him to alter old generalized abstractions. The greater awareness of denied experience allows an increased differentiation of the perceived field. In this perceived field is his perception of himself, his feelings, and his relations to others. The move is from high-level abstractions to more differentiated abstractions, from wide generalizations to those based on primary personal experience. The process is one of disorganization and reorganization with the individual deciding for himself on the basis of his own experience what his values are.

The end point of personality development is described as being ". . . a basic congruence between the phenomenal field of experience and the conceptual structure of the self—a situation which, if achieved, would represent freedom from internal strain and anxiety, and freedom from potential strain; which would represent the maximum in realistically oriented adaptation; which would mean the establishment of an individualized value system having considerable identity with the value system of any other equally well-adjusted member of the human race." (P. 582)

What he says about the development of the self concept in children is valuable. The child perceives himself as a psychological object and most basic is the perception of himself as a person who is loved. He may experience unacceptable impulses and while these impulses may be disapproved, he is not rejected as a person. His behavior would sometimes be social and at other times asocial. It would not necessarily conform to the parents' wishes, nor would it be socially "good." There is no need for the child to keep out of awareness any unacceptable impulses which would make him unloveable. He can experience the unacceptable impulse and decide himself to give it up without first being seriously threatened by the loss of love. It would be adaptive behavior of a separate, unique, selfgoverning individual based on accurate symbolization of all the perceived evidence.

In the treatment of children, play therapy is discussed. Here the basic hypothesis is that a relationship of acceptance reduces the need for defensiveness and allows the child to explore new ways of feeling and behaving. No attempt is made to change the child but only to make possible his self-alteration when and if he wishes. He reports good results even when parents are not in therapy because a beneficent circle is established. The child who changes even a little is perceived differently by his

parents and they in turn may react in a more accepting way, initiating a cycle of change.

Another important subject he covers is the question of "transference." He distinguishes between transference relationships and transference attitudes. He defines the latter as emotional attitudes inappropriately directed to the therapist. These are dealt with in the same way as other irrational expressions of the patient. He feels that if the therapist interprets instead of just reflecting feelings the therapist becomes the evaluator and, as in all interpreting, fosters dependency. In this way a "transference" attitude may be reinforced and lead to a "transference" relationship. His concept of "transference" is in keeping with the thinking of many modern psychoanalysts, but his conclusion that interpretations lead to dependency would not be acceptable to them. What Rogers may perhaps not be seeing is that if the client is free to accept or reject interpretations there need be no interference with the inner constructive core and morbid dependency need not develop.

At the end of the book there is a series of propositions which outline a theory of personality. They indicate the immense strides Rogers has made since his first book. He began his work without preconceived theories and his present formulations are in keeping with modern psychoanalytical theory. Excellent as they are, they fall short of what is already known about character structure. The self concept is hazy and nebulous when compared to the "idealized image" of Horney. Comparatively little is said about conflict. If, however, it is remembered that Rogers' formulations are based on his own experience and that his therapeutic efforts have not been as intense as psychoanalysis, then more cannot be expected. What enables the modern psychoanalyst to go much further is the use of free association, interpretations, and the greater knowledge of character structure.

This book is highly recommended.

-SIDNEY ROSE, M.D.

Drives, Affects, Behavior. Contributions to the Theory and Practice of Psychoanalysis and its Application. By Rudolph M. Loewenstein, M. D. 399 pp. International Universities Press, Inc., 1953. \$7.50.

THIS book consists of a number of essays in honor of Marie Bonaparte. As the core of psychoanalytic hypotheses, the theory of instinctual drives and its connection to affects in general and to anxiety in particular are discussed. The book is divided into three sections. The first section deals with the theory in psychoanalysis. The second examines the role of instinctual drives in various clinical manifestations. In the third part, the papers presented deal with the role of instinctual drives in problems of education, social and cultural issues, anthropology and the evolution of human species. In all, there are twenty-one papers. As may be noted from the opening statement, these are all in keeping with the Freudian orientation.

It might be worthwhile to quote a few remarks from the preface written by Ernest Jones, concerning the woman to whom this book is dedicated.

"This book is offered to one of the rarest of personalities both as a mark of congratulation at an important moment of her life and also as a token of admiration at her achievements. Marie Bonaparte embarked on a scientific career with as severe social handicaps as the familiar starving poet in an attic; that they were of an opposite form is irrelevant for their effects. One would have to search far in history to find someone who has succeeded in such circumstances; possibly her own great-grandfather would be the nearest examples. And she succeded not by deserting one world for another, but by shining in both. It was a triumph of sheer personality."

This book cannot be reviewed as an integrated whole since the essays are of considerable diversity. They are bound together only by their acceptance of the predominant importance of the instinctual drives and their vicissitudes as the motiving factor in human behavior. We still see the tremen-

dous importance given to the problems of the aggressive and the libidinal drives. The importance of sublimation, castration anxiety, penis envy and the death instinct are still seen to be considered as the basic forces operating in human emotional health and illness. Nevertheless, even though one's orientation to the problem of emotional health or illness may be different, I feel that many of these essays may still be read with a great deal of interest. If one does not agree with the answers given, I feel that the questions raised are important ones.

In the first section, the articles by Edith Jacobson in regard to affect, and by Max Schur in regard to anxiety, are of considerable significance. They raise the question as to what we are talking about when we speak of affect or emotion or feeling. When we try to define these terms, we very often find ourselves in great difficulty and confusion, and if to begin with we are confused with regard to what we are talking about, it is very unlikely that we will come to any very valid conclusions.

In the second section, I found the article by Bertram D. Lewin on dreams an interesting one. In it, he made a statement that can serve as a starting point for a great deal of speculation. This was to the effect that the dream which the patient writes down or tries to write down or record, in order to bring it in to the analytic hour, is usually unanalyzable, the writing indicating great resistance to the content. This statement was attributed to Freud and Abraham, among others. Lewin's feeling concerning the forgetting of dreams is to the effect that this must always be interpreted in oral terms as "a losing of the breast." According to Lewin, to sleep and to dream mean to be in the state of the child who has fed to the point of satiation and now sleeps contentedly at the breast; while forgetting the dream stands for waking up and is a step in the weaning process and loss of the breast.

Another article of interest in this section is the one entitled "Borderline States" by Robert P. Knight. This is concerned with the treatment of the very disturbed patient who seems on the borderline between neurosis and psychosis. Here, Dr. Knight

stresses the significance of utilizing what is available. The task, as he sees it, is not that of deep analytic interpretation but of conserving, strengthening and improving whatever defensive and adaptive function may be found. While this is not new, it is something that we must be continually aware of, lest we take life-saving defenses away from these very sick patients before we have given them healthier substitutes.

In the final section, Anna Freud's paper entitled "Instinctual Drives and Human Behavior" was of considerable interest. This is a paper attempting to show how the findings of psychoanalytic investigation might be used to better human understanding between nations. Her paper is based on her observation of the disturbed behavior of children who were involved in mass evacuation to residential homes during the bombing of London. Her interpretation of her findings is that the disturbed behavior manifested in most of these children was the result of wholesale suppression and repression of instinctual tendencies, due to loss of libidinal and aggressive energy. When the cold, impersonal atmosphere of the residential home was replaced by the formation of so-called "artificial families," each under the guidance of one young nurse or teacher who acted as a mother figure, the change toward healthy growth in these children was amazing. We cannot quarrel with Anna Freud's observation, but we can see that the change can be explained in terms other than suppression of instinctual drives. We would be more likely to see the first situation as one in which basic anxiety would be tremendously increased, and at the same time all the neurotic attempts to cope with it. With the change to a warm, family-like group, there would be a diminution in the basic anxiety, and the healthy potentialities of these children could once more become free.

Only a few of the papers have been mentioned in this review. However, I feel this is a book worth reading. It stimulates thought with regard to some of the questions we must continue to ask if progress in psychoanalytic theory and therapy is to continue.

—ROBERT L. SHAROFF, M.D.





